County of San Mateo

Inter-Departmental Correspondence

Department: HEALTH
File #: 23-84

Board Meeting Date: 2/14/2023

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: Louise F. Rogers, Chief, San Mateo County Health
Lisa Mancini, Interim Director, Behavioral Health and Recovery Services

Subject: Amendment to the San Mateo County Mental Health Services Act Annual Update for FY 2022-23

RECOMMENDATION:

Adopt a resolution authorizing the approval of an amendment to the San Mateo County Mental Health Services Act Annual Update for FY 2022-23 and submission to the State Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.

BACKGROUND:

In 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which made additional State funds available to expand and transform behavioral health services. Since 2006, MHSA expenditures have been approved by the Board as part of the larger County Health budget. State legislation requires that an MHSA Three-Year Program and Expenditure Plan (Three-Year Plan), subsequent MHSA Annual Updates and any amendments be approved by this Board.

The Behavioral Health Commission held a public hearing and closed a 30-day public comment on December 7, 2022, on the proposed amendment to the MHSA Annual Update for FY 2022-23 and is recommending approval by this Board.

On August 4, 2020, this Board approved the MHSA Three-Year Plan for FY 2020-23 and the Annual Update for FY 2020-21. The subsequent MHSA Annual Updates for FY 2021-22 and FY 2022-23 were approved by this Board on September 14, 2021, and July 12, 2022, respectively.

DISCUSSION:

The MHSA Annual Update for FY 2022-23, approved by this Board, included strategies for $16.9 million in funding to development of supportive housing units within affordable housing developments under the Department of Housing and other one-time expenditures. Ongoing budget increases were primarily allocated to support Full Service Partnership (FSP) rate increases and expanded services, a core and required component of the MHSA. FSP programs are evidence-based and incorporate a

“whatever it takes” approach to support adults living with serious mental illness and children and youth living with serious emotional disturbance, in achieving their individual recovery goals and needs.

At this time, it is necessary to amend the MHSA Annual Update for FY 2022-23 to include the following additional proposed plans and expenditures:

1. **El Camino Property Purchase** - this property purchase is being proposed for approval to use one-time MHSA funds in the amount of $3,755,500.
   The 2191-2195 El Camino Real (El Camino) building in San Mateo was originally identified by the San Mateo County Human Services Agency and recommended to San Mateo County Health, Behavioral Health, and Recovery Services (BHRS) division to support much needed services for the target population housed at the Stone Villa Inn, which is contiguous to the building and a component of the County’s Functional Zero Homeless Campaign. A proposal was provided to this Board, to authorize the purchase of the El Camino property using a short-term loan from the General Fund. MHSA funds are being proposed in this amendment to pay the General Fund loan this current FY 2022-23. The on-site support services will be provided by California Clubhouse and Voices of Recovery. California Clubhouse is a community-based socialization and economic inclusion model focused on restoration of personhood from patient -hood. Voices of Recovery is a peer-led model that provides wellness, advocacy, and support services for individuals seeking long-term recovery from addiction and substance abuse.

2. **Innovation (INN) Project Plans** - four INN Project Plans that meet State requirements for use of the INN funding are being proposed for approval. While the services are targeted to begin FY 2023-24, this proposed amendment will allow for the use of MHSA INN funds in the amount of $35,000 this current FY 2022-23 for BHRS administrative and procurement activities. Once BHRS receives approval from the State, Requests for Proposal will be issued.

   - **Adult Residential In-Home Support Element (ARISE).** Total amount proposed: $1,235,000 for four years ($990,000 in services, $145,000 for administrative costs, and $100,000 for independent evaluations of the project). The ARISE program creates a model for residential in-home services to support clients with a serious mental illness (SMI) and/or substance use disorder (SUD) who are at risk of losing their housing. Residential in-home support workers will be recruited and provided with specialized training for working with SMI and/or SUD clients in collaboration with a peer support staff and occupational therapist.
   - **Mobile Behavioral Health Services for Farmworkers**. Total amount proposed: $1,815,000 for five years ($1,455,000 in services, $215,000 for BHRS administrative costs, and $145,000 for independent evaluations of the project). The program will provide direct behavioral health mobile services and wraparound resources in Spanish to farmworkers and their families. It integrates cultural arts practices as a pathway for engaging farmworkers and their families with formal clinical behavioral health services spanning prevention, early intervention, treatment, and recovery.
   - **Music Therapy for Asians and Asian Americans**. Total amount proposed: $940,000 for four years ($755,000 in services, $110,000 for administrative costs, and $75,000 for independent evaluations of the project). This project will provide music therapy as a culturally responsive approach for Asian/Asian Americans to reduce stigma, increase behavioral health literacy, and promote linkages to behavioral health services and build

protective factors to prevent behavioral health challenges and crises.

- **Recovery Connection Drop-in Center**. Total amount proposed $2,840,000 for five years ($2,275,000 in services, $340,000 for BHRS administrative costs, and $225,000 for independent evaluations of the project). This center will provide drop-in services for individuals with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery, from pre-contemplative to maintenance and enhancement. The Recovery Connection will center around evidence-based Wellness Recovery Action Plan programming, use a peer support model, provide linkages as needed and serve as a training center to expand capacity countywide.

The resolution has been reviewed and approved by the County Attorney as to form.
A client is considered "maintained at the current or lower level of care" if, during the fiscal year, they did not have a new admission to a higher level of care or had one or more new admissions to a program with the same or lower level of care. It is anticipated that 85% of FSP clients be maintained at a current or lower level of care.

PERFORMANCE MEASURE:

Measure	FY 2021-22 Actual	FY 2022-23 Estimated
Percentage of FSP clients maintained at a current or lower level of care	84% 387 of 460 clients	82% 322 of 395 clients*

*Projected based on data through 12/23/22

FISCAL IMPACT:
BHRS received $56,620,000 in MHSA funding in FY 2021-22. BHRS anticipates MHSA revenue for FY 2022-23 of $47,110,000. Funds that are not yet allocated through the internal planning process or Request for Proposals to the community are held in a Trust Account. The latter account is also used to manage the fluctuations in funding that occur from year to year, as well as to support maintenance of effort and cost increases for current programs. There is no Net County Cost associated with this plan.

RESOLUTION NO. 079447

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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RESOLUTION AUTHORIZING THE APPROVAL OF AN AMENDMENT TO THE SAN MATEO COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2022-23 AND SUBMISSION TO THE STATE MENTAL HEALTH OVERSIGHT AND ACCOUNTABILITY COMMISSION AND THE DEPARTMENT OF HEALTH CARE SERVICES

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, in 2004, California voters passed Proposition 63, known as the Mental Health Services Act,

WHEREAS, State legislation requires counties to seek approval of their MHSA Annual Updates for programs and expenditures from their Board of Supervisors; and

WHEREAS, Behavioral Health and Recovery Services has engaged in a public comment process of at least 30 days and public hearing to review and comment on the amendment; and

WHEREAS, the Behavioral Health Commission has reviewed the public comments and recommended approval of the plans to this Board.

NOW THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that this Board of Supervisors accepts the Amendment to the Mental Health Services Act Annual Update FY 2022-23 and approves its submission to the State Mental Health Oversight and Accountability Commission and the Department of Health Care Services.

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RESOLUTION NUMBER: 079447

Regularly passed and adopted this 14th day of February, 2023

AYES and in favor of said resolution:

Supervisors: *DAVE PINE*

NOELIA CORZO

RAY MUELLER

WARREN SLOCUM

DAVID J. CANEPA

NOES and against said resolution:

Supervisors: *NONE*

President, Board of Supervisors
County of San Mateo
State of California

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.

Assistant Clerk of the Board of Supervisors

SAN MATEO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)

Amendment to the MHSA Annual Update for Programs & Expenditures Fiscal Year 2022-23

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

This document serves as an Amendment to the approved San Mateo County Health, Behavioral Health & Recovery Services (BHRS) Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23 to include an amendment to the Fiscal Summary MHSA Summary of Expenditures and the following additions to the MHSA program and expenditure plans: 1) Property Purchase Proposal of 2191-2195 El Camino Real, San Mateo; and 2) MHSA Innovation (INN) Project Plans.

Background

Proposition 63, MHSA, was approved by California voters in November 2004 and provided dedicated funding to transform behavioral health systems, by imposing a 1% tax on personal income over $1 million dollars. San Mateo County received an annual average of $39.2 million, in the last five years through Fiscal Year (FY) 2021-22. MHSA funded programs and activities are grouped into "Components" as listed below, each one with its own funding allocations.

MHSA Component	Categories	Funding Allocation (% of total revenue)
Community Services and Supports (CSS)*	• Full Service Partnerships (FSP) • General Systems Development (GSD) • Outreach and Engagement (O&E)	76% FSP should be at least 51% of the CSS allocation
Prevention and Early Intervention (PEI)	• Ages 0-25 • Early Intervention • Prevention • Recognition of Signs of Mental Illness • Stigma and Discrimination • Access and Linkages	19%* Ages 0-25 should be at least 51% of the PEI allocation
Innovations (INN)	N/A	5%

** Counties can allocate up to 20% of the average 5-year total MHSA funds from CSS to **Workforce Education and Training (WET), Capital Facilities and Information Technology (CFTN)** and a **Prudent Reserve**.*

MHSA legislation requires counties to develop MHSA Three-Year Program and Expenditure Plans (Three-Year Plan) and Annual Updates in collaboration with diverse stakeholders. MHSA legislation also requires that the local county behavioral health board open a 30-day public comment process, hold a public hearing and vote to recommend the approval of Three-Year Plans, Annual Updates and any Amendments, by the Board of Supervisors.

This Amendment to the FY 22-23 MHSA Annual Update includes the following proposals:

- MHSA Summary of Expenditures with amendments to CFTN and INN components
- The El Camino Real Project and Public Comments Received
- INN Project Plans and Public Comments Received:
    - Adult Residential In-home Support Element (ARISE)
    - Mobile Behavioral Health Services for Farmworkers
    - Music Therapy for Asian/Asian Americans
    - Recovery Connection Drop-In Center

Table of Contents

FY 2022/23 Mental Health Services Act Annual Update
Funding Summary - Amendment (in red)

County: San Mateo

Date: 12/22/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	28,352,592	8,312,558	8,039,335	1,427,005	3,499,883	0
2. Estimated New FY 2022/23 Funding	37,984,264	9,496,066	2,498,965	0	0	0
3. Transfer in FY 2022/23[a/]	0	0	0		4,085,500	0
4. Access Local Prudent Reserve in FY 2022/23	0	0	0	0	0	0
5. Estimated Available Funding for FY 2022/23	66,336,856	17,808,624	10,538,300	1,427,005	7,585,383	0
B. Estimated FY 2022/23 MHSA Expenditures	39,844,460	9,969,567	1,766,512	1,014,000	6,016,500	0
G. Estimated FY 2022/23 Unspent Fund Balance	26,492,396	7,839,057	8,771,788	413,005	1,568,883	0

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	8,879,780
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	8,879,780

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2022/23 Mental Health Services Act Annual Update
Innovations (INN) Funding - Amendment (in red)

County: San Mateo

Date: 12/22/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Social Enterprise	767,000	767,000				
2. PIONEERS	330,000	330,000				
3. PEI in Low-Income Housing	330,000	330,000				
4. AB114 - Help@Hand (Tech Suite)	187,657	187,657				
5. Evaluation	116,855	116,855				
6. ARISE - Admin ONLY	0	0				
7. Farmworker Mobile Services - Admin ONLY	0	0				
8. Music Therapy - Admin ONLY	0	0				
9. Recovery Connection - Admin ONLY	0	0				
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	35,000	35,000				
Total INN Program Estimated Expenditures	1,766,512	1,766,512	0	0	0	0

FY 2022/23 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding - Amendment (in red)

County: San Mateo

Date: 12/22/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects (One-Time)						
1. EPA Clinic	700,000	700,000				
2. Cordilleras	250,000	250,000				
3. SSF Clinic	500,000	500,000				
4. El Camino Property	3,755,500	3,755,500				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
1. Client Devices	330,000	330,000				
2.	0					
CFTN Programs - Technological Needs Projects (One-Time)						
1. Network Adequacy Compliance	100,000	100,000				
2. IT Infrastructure	301,000	301,000				
3. Telepsychitry/health	80,000	80,000				
	0					
	0					
	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	6,016,500	6,016,500	0	0	0	0

Property Purchase Proposal – The El Camino Real Project

This property purchase is being proposed for approval to use one-time MHSA unspent funds in the amount of **$3,755,500 in this current FY 2022-23**. The funds will be transferred from Community Services and Supports (CSS) to Capital Facilities and Information Technology (CFTN) component, as per MHSA fiscal guidelines. The CFTN component also includes a previously approved ongoing allocation for BHRS client devices and data plans in the amount of $330,000 per year, bringing the total CFTN transfer to $4,085,500 as seen in the MHSA Summary of Expenditures above.

The 2191-2195 El Camino Real, San Mateo building was originally reviewed by the San Mateo County Human Services Agency as part of the County's Functional Zero Homeless Campaign and was recommended to BHRS to support much needed services for the target population housed at Stone Villa Inn, which is contiguous to the building. A proposal was provided to our local Board of Supervisor, to authorize the purchase of the property using a short term loan from the General Fund. MHSA funds are being proposed in this amendment to pay the General Fund loan this current FY 2022-23.

The on-site support services will be provided by two MHSA funded programs, California Clubhouse and Voices of Recovery. California Clubhouse is a community-based socialization and economic inclusion model focused on restoration of personhood from patient-hood. Voices of Recovery is a peer-led model that provides wellness, advocacy, and support services for individuals seeking long-term recovery from addiction and substance abuse.

On October 6, 2022, the El Camino Real property purchase opportunity was presented to the MHSA Steering Committee to allow for questions and considerations. The Behavioral Health Commission (BHC) voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022.

Following is the full El Camino Real Project Plan and Public Comments Received.

VERSION 1.0

DATE 10.24.2022

SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

FUNDING PURCHASE OF PROPERTY

THE EL CAMINO REAL PROJECT

PRESENTED BY:
SCOTT GRUENDL
ASSISTANT DIRECTOR
BEHAVIORAL HEALTH & RECOVERY SERVICES

FUNDING PURCHASE OF PROPERTY

2191-2195 El Camino Real is a two story, five-thousand three-hundred square foot building adjoined by a two story, two unit residential structure that is one-thousand and forty square feet, and a twenty-six stall parking lot. The building's first floor previously housed a restaurant, and the second floor housed an Internet-based business. The building has been vacant since the beginning of the pandemic.

The building is contiguous to the former Stone Villa Inn, a forty-four room motel purchased by the County and is currently in conversion to a temporary housing facility operated by the Human Services Agency. The project site from the El Camino Real perspective appears to connect to the Stone Villa Inn, giving the appearance that the site is all one property, as represented in the picture below.

The Human Services Agency originally reviewed the site as a potential support services location and recommended to the County that the site be offered to San Mateo County Health in order to partner for much needed support services for the target population that will be housed at the Stone Villa Inn, which is a component of the County's Functional Zero Homeless Campaign. Behavioral Health & Recovery Services was selected as the division most likely to meet the needs of the target population and a proposal was provided to the Board of Supervisors, who authorized the purchase of the property.

PROPERTY OVERVIEW

Feature:	Description
Total Square Footage:	6,340 (5,300 in Main Building; 1,040 in attached Residential Structure)
Lot Size:	Approximately 10,500 Square Feet with 100 feet of El Camino Frontage
Total Rooms:	19 Main Building; 6 Residential Structure
Total Parking Spaces:	26; Separate Entrance and Exit off El Camino
Property Purchase Cost:	$3,755,500 or $592 per square foot (San Mateo Average is $910 per square foot)
Funding Source:	Proposed for ARPA Purchase (determined ineligible after entering escrow); County General Fund paid for purchase as a temporary measure; MHSA to pay back County General Fund
Purchase Date:	September 2, 2022
Long Term Best Use:	County Housing Development Project

OBJECTIVE

To provide a public facing service facility that supports the target population at the Stone Villa Inn and the general population of San Mateo, while creating a new home for California Clubhouse that replaces the existing marginal space with a location that is more conducive to their programming, allows for program expansion, and can facilitate new treatment and support concepts; and provides a separate space consisting of two apartments that will accommodate group programming and WRAP services from Voices of Recovery that occur at different hours of the day, but affording both organizations the ability to manage and control their own spaces. This land acquisition also supports a long term goal of combining County acquired land in this area to facilitate a permanent housing project.

TARGET POPULATION

The primary target population is transitioning individuals in residency at the Stone Villa Inn. The secondary target population is the general population in San Mateo and throughout the County that would benefit from the services and programming provided by Voices of Recovery and California Clubhouse.

The location provides a unique opportunity due to 100 feet of El Camino frontage that would allow for future programming that would involve the general public, such as a retail operation as part of an employment training and readiness program. This exposure to the general population and the business community can potentially be used to promote behavioral health and recovery services in the community and create opportunities for new partnerships, especially as related to employment.

The location is also conducive to multiple forms of transportation, broadening access to a greater portion of the population, and is centrally located to the County in general.

PROPOSED TENANTS AND USES

The site was originally proposed to the Board of Supervisors as a location to be operated by one or two contractors that would operate the facility as a drop in location for the target population at the Stone Villa Inn and the surrounding community. California Clubhouse was included early in the process as the site was always considered a potential new home for the organization, which the County has tried to facilitate since the introduction of the California Clubhouse into BHRS programming and services nearly a decade ago.

Voices of Recovery has been considered as the second operator because of their WRAP services and programming are a great match for the target population at the Stone Villa Inn. With minor

modifications, the facility affords the space for each organization to have their own portion of the facility that would be under their own control with coordination between the two.

CALIFORNIA CLUBHOUSE

The majority of the facility will be operated as California Clubhouse, a community-based socialization and economic inclusion model focused on restoration of personhood from patient-hood. Organized around a belief that work, and work-mediated relationships, the Clubhouse is restorative and provides a firm foundation for growth and important individual achievement and the belief that normalized social and recreational opportunities are an important part of a person's path to recovery. The Clubhouse operates as a support system to establish friendships, employment, housing, education, and access to medical and psychiatric services (not on-site). This model provides for a highly active, participatory environment that allows for individuals to grow in responsibility and involvement that prepares people for positive contributions to the community.

The Clubhouse model includes a business component that begins with internal experience of members (peers) engaged daily operations of the organization. From planning and cooking meals to tracking attendance data, members are involved in all parts of the organization. Members actively lead, manage, account, and are responsible for the community created in this program and their responsibilities and trust grow as they progress through various levels of training and hands-on activities.

To complement this internal skill sharing and building, members are offered transitional employment and educational opportunities out in the community. Additional young adults, social and recreational opportunities occur regularly, and holidays are celebrated on their actual day.

In its current building, California Clubhouse has suffered a sewer flood and an electrical fire, yet they have persevered and continued to run full time programming, even during the entire Pandemic. With the support of MHSA, relocation to this building will assist the Clubhouse in achieving the goal of reaching more peers and expanding services. Through a Measure K grant, California Clubhouse has

been awarded funding to pilot a new Supported Employment program. This building will allow the Clubhouse to create a Career Development Center, dedicated to assisting peers in entering paid employment.

Additional opportunities of facility-related growth for the Clubhouse include:

- Increased visibility of the positive, recovery-based side of mental health (high traffic arterial location)
- More opportunities for employment development within the local business community.
- Potential partnership with the Stone Villa housing program to provide reciprocal services and support within the programs including potential supported employment opportunities.
- Larger capacity for community collaboration with other CBOs and mental health programs.

VOICES OF RECOVERY

Voices of Recovery is a facilitated, peer-led model that provides wellness, advocacy, and support services for individuals seeking long-term recovery from addiction and substance abuse, primarily through the development of a wellness recovery action plan that is implemented and supported over 8 weeks with ongoing support as needed post program.

The model is more commonly known as WRAP and is a widely respected best practice among the recovery community with a high success rate. San Mateo County has a rich community of WRAP trainers and facilitators that will contribute to and support this operation as a true locally supported program that will be rich with experience and mentors that will add to the success of the participants that enter the program.

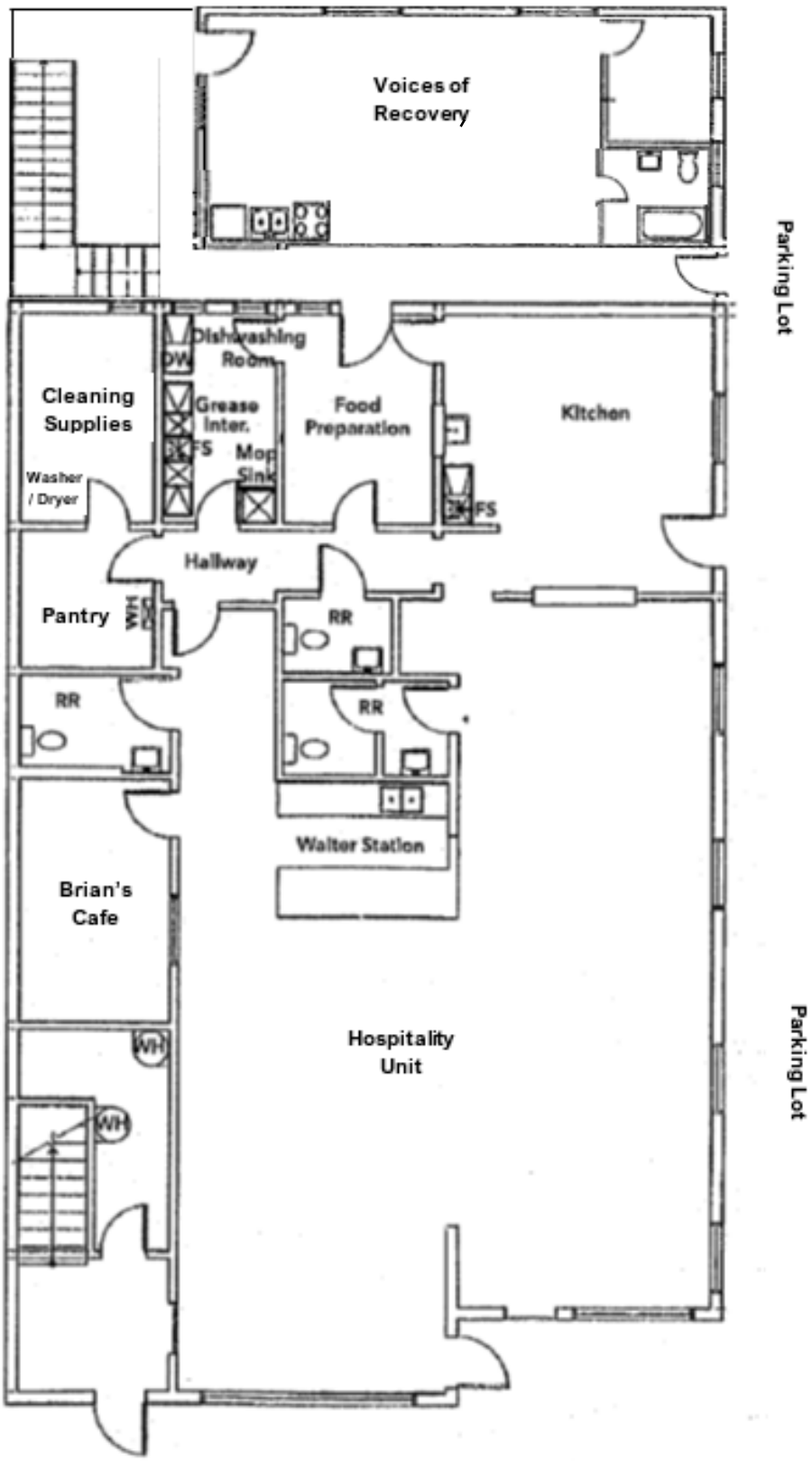
The participants will be joining a community that is vested in their commitment to long-term sobriety and will provide ongoing support and acceptance that truly makes the difference in the lives of those that chose to recover.

DIVISION OF SPACE

The next two pages display the room by room use of the El Camino property. The facility is essentially broken out between the two provider organizations based generally on the physical separation between the main building and the two residential units. The main building would house the operations of California Clubhouse and the two residential units would house the WRAP services for Voices of Recovery.

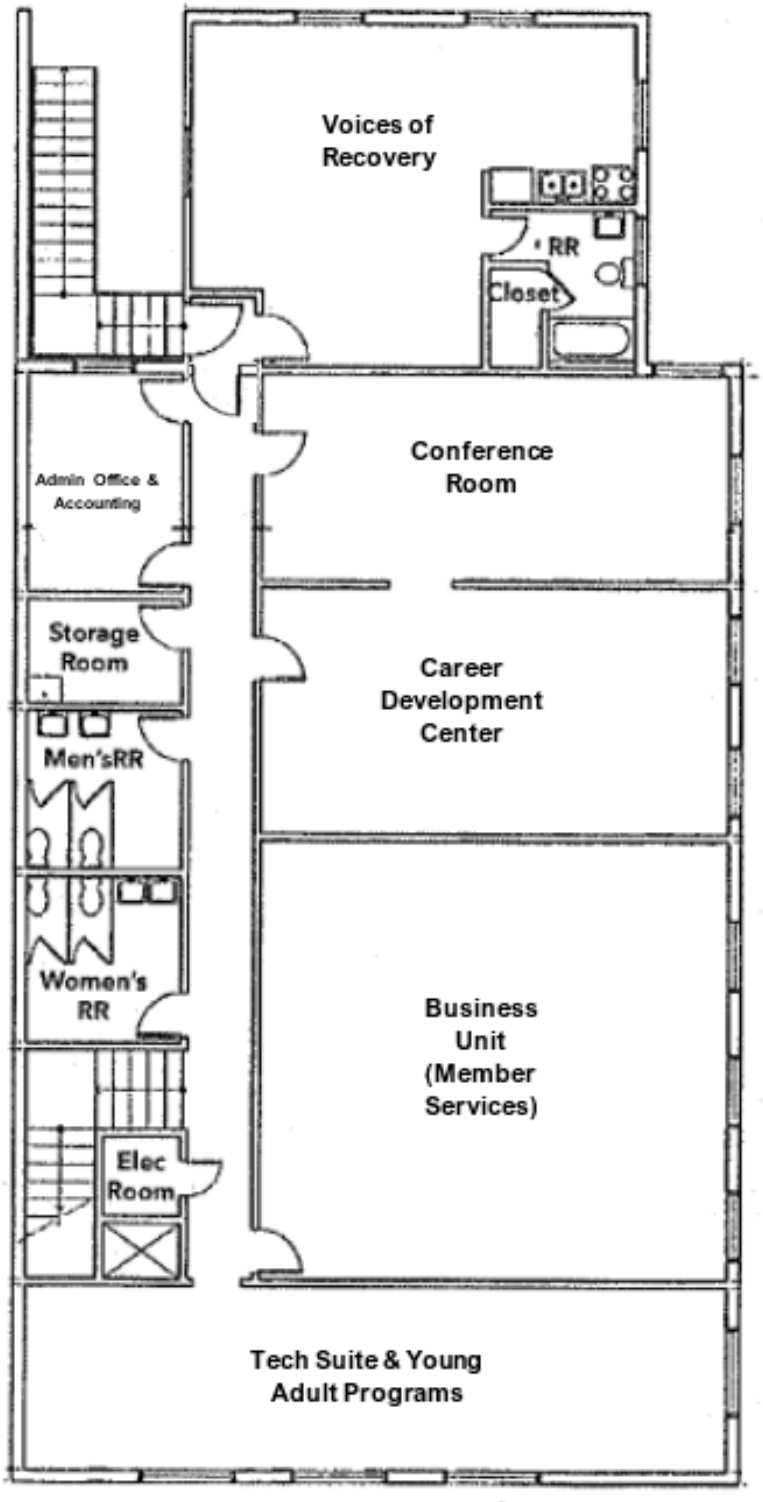
The separation of the facility in this way is for two reasons. First, the facility will house the California Clubhouse operations in their entirety, including administrative and program activities. Voices of Recovery will be located at the facility for service delivery purposes only. Secondly, the two organizations will be delivering services at different times of the day, with Voices of Recovery primarily offering programming in the late afternoon and evening. Whereas the California Clubhouse will primarily offer programming during typical business hours with little activity in the evenings.

The residential units are conducive to group activities, such as WRAP programming provided by Voices of Recovery due to the amenities in the units, such as a full kitchen for food prep and cooking as an ancillary activity to WRAP that improves participation, as well as washer and dryer, and separate bathroom. Clubhouse International Accreditation limits the use of shared space within California Clubhouse.



FIRST FLOOR

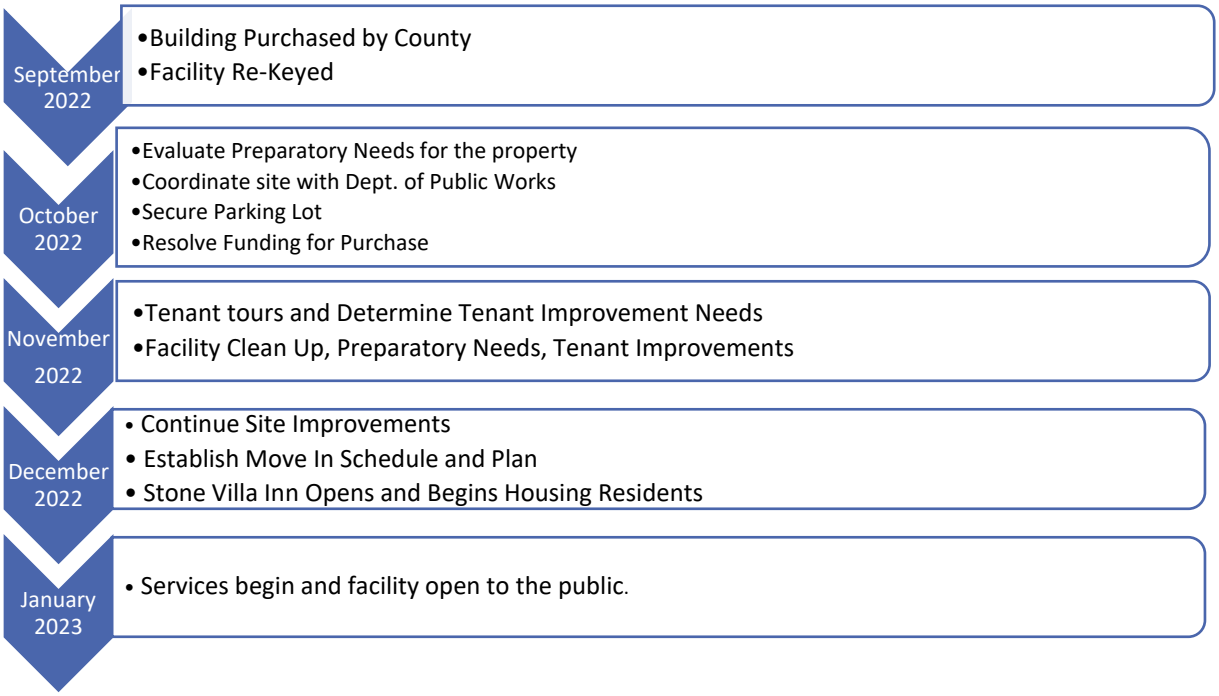
2195 El Camino Real



SECOND FLOOR

2195 El Camino Real

TIMELINE AND REMAINING TASKS



MHSA FUNDING

The County entered into escrow on the property with the intent to use American Rescue Plan Act (ARPA) to purchase the property. However, once in escrow, the County Attorney's Office determined that the project did not meet eligibility criteria for ARPA. Unfortunately, the County was already in escrow so there was no turning back and the ineligibility of the funding source would not cancel the purchase. Therefore, the County was now legally obligated to complete the purchase.

County Administration contacted BHRS to discuss potential funding sources and Realignment and MHSA were identified. The idea of completing a purchase and then subsequently pay the purchasing funding source back after the purchase has been completed needed to be investigated, which occurred. It was found that such a financial approach is allowable and there were many examples across counties that undertook a similar approach.

Armed with the idea that the reimbursement of the purchasing fund can occur post purchase under MHSA, the purchase was completed using a short term loan from the General Fund and MHSA will pay the General Fund back once the review and approval process for MHSA is completed. This facility was originally planned to be programmed with some MHSA funding, but it was expected that the actual purchase would not have impacted BHRS finances.

CONTACT INFORMATION

Questions and requests for further information can be accommodated through the following contact:
Scott Gruendl, MPA, CPCO
BHRS Assistant Director
(650) 573-2491 or sgruendl@smcgov.org

Public Comments Received – for BHC Review

➢ FY 2022-23 MHSA Annual Update Amendment to Include the Purchase of 2191-2195 El Camino Real Property

Comments received 11/2/22 at opening of the 30-Day Public Comment:

- Commissioner Jean Perry - Do we run any risk of losing allocated or unallocated monies if we do not spend them by a certain time?
    - Doris Estremera - We do have 3-year reversion periods for most MHSA funding. Currently, we are not at risk of reverting monies. As long as we spend the dollar amount revenue received in any given year, within three years, we are not at risk. Currently, it takes us two years to spend down the dollar amount of revenue received in any given year. But, we are starting to see a trend that if we continue with huge gaps between revenue received and actual expenditures, it will take us three years to spend down a revenue and could eventually lead to reversion. Not right now but, we have to increase our expenditures in order to continue to avoid reversion in the future.
- Commissioner Chelsea Bonini - Is this proposal based on something that is in the prior plan or how did it come to fruition at this time being proposed?
    - Doris Estremera - The MHSA Annual Update has MHSA priorities and programs. Every year we can proposed to expand a current program or fund a new priority. We did not know about this property purchase opportunity at the time that we developed the FY 2022-23 MHSA Annual Update so, this property purchase was not proposed. The service provided by the California Clubhouse and Voices of Recovery are existing priorities in the MHSA plan so, we can expand on these services as long as we go through a 30-day public comment process as we are doing now.
- Commissioner Chelsea Bonini - Was there a process by which the agencies being included were chosen?
    - Doris Estremera - BHRS Assistant Director Scott Gruendl, has been leading the Behavioral Health Continuum Infrastructure Program (BHCIP) process to identify property purchase needs for behavioral health needs across our County. We are pursuing MHSA funds for this particular project vs. BHCIP funds, due to the timing of the BHCIP fund availability.
    - Scott Gruendl [additional information provided over email]: Projects funded under the BHCIP grant cannot be reimbursed and the grant funds can't flow until there is a building permit, and it takes about 5 months to get through the grant process. Here is the current list of projects being considered for BHCIP:
        - Hopkins Manor – this is a long term lease of a third floor of a private facility dedicated to Medi-Cal Behavioral Health Clients. It adds 46 Enhanced Board and Care beds, the largest single increase of in-county beds in years. The BHCIP/CCE Application was submitted on 10/14/22 and is for $2,444,944. The property owner will match with $841,000 in improvements for a total investment of almost $3.3 million.
        - Millbrae Project – this is a three story, eleven unit apartment building with completely refurbished two-bedroom, 1 bath units for two BHRS populations at

risk of homelessness – Those graduating from social rehab and those graduating from SUD treatment and both ready to be integrated back into the community but lack housing supports. This has shifted to an MHSA Housing Project because it marginally meets the grant requirements and we cannot get the property owners to commit, which means we cannot apply for the grant. We are currently doing due diligence on the property and if it works out, this would be scheduled as an MHSA purchase.

- Preservation Funds – Through the BHCIP program we successfully secured $3 million for capital improvements and business support for Board and Care facilities in the County. These funds will go to the Department of Housing who will administer a local grant program for our in-county providers.
- Methadone Clinic – We are in negotiations with a property owner about a potential clinic site to replace the current dilapidated facility that was set up as a short term site over twenty years ago. Both the property acquisition and construction will be through the BHCIP grant and is estimated between $8-10 million.
- Youth Crisis Stabilization and Youth Crisis Residential – We are in the preliminary stages of developing this important project that will be through the BHCIP grant. We will be receiving data next week that will help us determine the current and future demand for these types of facilities. Ideally, we envision this to be a combined facility where crisis stabilization and crisis residential are in attached or adjacent facilities.
- Two other projects we hope to have the capacity to consider (we are all working on this grant on top of our current workloads, with assistance from other county departments involved in land and facility acquisition and construction and we have one consultant working with us) include housing for our incompetent to stand trial patients and the replacement of Cassia House, which is a social rehab program in which the facility is in constant need of repairs.
- Additionally, we considered and have not decided to pursue at this time, the following:
    - Board and Care Buy Out Program
    - Canyon Oaks Youth Center Rehab Project
    - Rehab of a Our Common Ground facility
    - Rehabilitation of Redwood House
    - Rehabilitation of Safe Harbor
    - Motel purchases
    - Women's Recovery Home
    - Community Wellness Center
    - Community Recovery Center and/or Service Hub

- Commissioner Chelsea Bonini - When we use MHSA funds to purchase property, can we include maintenance and ongoing funding needs for the facilities?
    - Doris Estremera - Yes, we can include it as part of the MHSA ongoing budget. There have been ongoing costs identified and we will make sure these come through the MHSA 3-

Year planning process. Currently, the ask is one-time funding, which is why we are only asking for the property purchase cost.

- Commissioner Michael Lim – thank you for keeping track of the MHSA balance. The reason for this request is to help us understand and be mindful stewards of these funds. If we don't keep track, we may not be as thoughtful in our process and future investment recommendations, like this property we are requesting. For the public it may seem like we have a lot of monies in our balance but, the process of spending this money mindfully is not a short process. We have to go through community involvement, getting feedback from the community. Doris is doing a wonderful job of reaching out to stakeholders in different communities. I am involved with CalVoices Access ambassadors, and this is not happening in larger counties. I am very pleased on how MHSA is being handled here in San Mateo County.

Additional comments received during the 30-Day Public Comment

Commissioner Michael Lim –

- Pg.2: "creating a new home for California Clubhouse" -What will be the Leasing Terms between BHRS & CC? Monthly Rent? Duration of Lease & Renewal Options? Is BHRS subsidizing CC's current rental? If so, from SMC/BHRS/MHSA Funds? Any cost in Renovations needed? -Same Questions for VORSMC.
    - Response: The lease terms for the proposed tenants of the El Camino Site have yet to be negotiated or finalized. BHRS does not subsidize California Clubhouse currently. There are some renovations that are needed, mostly based on the current condition of the facility and not the tenants. These include removal of remaining signage on the building, securing the parking lot, replacing flooring and painting in the restaurant area of the facility that has water damage from a waiter's station that had leaking plumbing, making ADA improvements to the kitchen area, creating an entrance area to the residential units at the back of the facility, and modifications on the second floor to attach the last room to the upper level residential unit as group meeting space for VOR.
- "future programming that would involve the general public, such as a retail operation as part of an employment training and readiness program" -Is CC's membership only for MH clients? If so, will there be a chg in their Bylaws, & will it be incongruent to their International Accreditation Charter?
    - Response: Yes, California Clubhouse membership does require a mental health diagnosis. In keeping with the Clubhouse Model of Empowerment, Members and staff will work with organizational leadership in designing and implementing any programming that includes engagement of the general public. The retail operation is just one *idea* for interfacing with the general public however, there are other ideas that may yield increased outcomes related to the employment training and readiness program. They will work closely with the Clubhouse International community for guidance throughout the process. There should not be a need at this time to change their Bylaws.
- -What is the "target population at the Stone Villa Inn and the surrounding community"?
    - Response: The target population means the recently unhoused tenants placed at the Stone Villa Inn. Surrounding Community refers to existing BHRS clients residing near the facility.
- Pg.4: "This building will allow the Clubhouse to 'create' a Career Development Center" -How will this be different from their Career Development Center from before?
    - Response: Due to COVID-19 and building disasters (i.e. electrical fire) the Clubhouse has suffered building closures and repurposing of their currently limited space. This has impacted all of the programs, but especially the Career Development Center. While they are still providing supported

employment services, these services have been woven into the general programming structure to maximize space and resources. The Clubhouse has also been working with BHRS over the past few years to expand the Career Development Center to offer more supported employment services county wide. The Clubhouse has been approved to receive a Measure K grant from the Board of Supervisors to hire a full-time Supported Employment Specialist and "kick off" the next phase of Career Development programming.

- VORSMC "provides wellness, advocacy, and support services" -Aside from WRAP, what other "support services" do they provide? -What are some of the VORSMC's advocacy points & activities? -They currently have a permanent location in EPA & one in Belmont. What is the added value for them to be in El Camino that they can't be met from their EPA home?
    - Response: VOR provides ongoing support services beyond the 8 week WRAP cycle that includes ongoing support of WRAP, matching clients with recovery members of the community for sponsorship and support, VOR holds clean and sober events for the community as an alternative to other events that are not clean and sober, and VOR creates opportunities for participants to gain support and comradery with the recovery community of SMC. VOR commonly advocates on behalf of their participants involved in county and court appointed programs, for additional services and innovations in County SUD programming, and provides for the opportunity to participate in local and state organizing events around major SUD issues. The intent of providing space for VOR at the El Camino Site is to directly support the target population at Stone Villa Inn to promote participation in the WRAP program without having to travel to other locations to receive these services. VOR has not yet agreed to occupy the space or support the target population.
- Pg.6 & 7: -Are the plans the current layout or Future layout? -Are there any planned renovations? If so, what's the est. cost? Who bears it? How long does it take?
    - Response: The layout in the written proposal substantially represents the layout at time of occupancy. The only change at this point is the room on the second floor at the back of the main building labeled “conference room” and contiguous to the second floor residential unit. This room will be modified to open up into the residential unit to accommodate group sessions as large as 25 participants. The opening in the wall from the conference room into the room opposite the residential unit will be replaced with a solid wall. The remaining door into the hallway would remain. The cost of this modification and the others listed in the answer to the first question have not yet been cost estimated by the Department of Public Works, which will oversee the facility as a County asset. Once the costs are determined and the work begins, Public Works will cost allocate the expenses back to BHRS, which will allocate the costs across programs, including MHSA. The general completion of renovations and occupancy is slated for March 2023.
- From Pg.5 "Clubhouse International Accreditation limits the use of shared space within California Clubhouse." -Will the doors between VORSMC & CC be sealed on the 1st & 2nd floors?
    - Response: This will be accommodated by all California Clubhouse space doors that open to both the first and second floor hallways will be locked when not occupied to allow VOR access to the lift, front entrance, and hallways for alternate emergency exit routes..
- Pg.8: MHSA Funding: $3,755,500 -Will the property be "Owned" by MHSA? Please clarify ownership as there are costs & risks involved in it.
    - Response: All real property assets are owned by the County that assumes the liability and risk for the property, properly insures the property, and maintains the property through the Department of Public Works. Public Works is responsible for repairs and renovations that are cost allocated back to BHRS and those costs allocated across programs, including MHSA, which has an established facility account for maintenance and operations of buildings and facilities.

Comments received in support of the Property Purchase:

- Louise Rogers - I'm glad to support this important initiative to move CA Clubhouse to a much improved location, in closer proximity to public transportation and other amenities that will benefit consumers and staff. The space has enormous potential, and it opens up new opportunities for the Clubhouse to try new activities.
- I am in support of the new location on El Camino for the California Clubhouse. The Clubhouse, a part of an international mental health model, is unique and needs a larger space to truly fulfill its mission in San Mateo County. The more space, the more they can accomplish especially since members directly help participate and make the program run. More space not only provides for more members to participate but for more opportunity to create additional programs within the program. Clubhouse is an amazing program that provides a unique opportunity for those with mental health to gain back their independence while learning skills and gaining community. Thank you got providing this opportunity for them to better serve our county. Molly Wantuch
- Joann Kerns - I am a parent of an adult child who has mental health challenges. She came to the California Clubhouse 4 years ago after a series of hospitalizations. The organization and staff were critical to her stabilizing and learning to manage her activities of daily living. She currently is able to live on her own and hold down a part time job. Additionally, she is able to help others at the Clubhouse by sharing her story and participating in activities and events. The California Clubhouse would benefit the community greatly at a new, bigger location. The El Camino address is much more central to bus lines, and the bigger space will allow services to more people in need. I strongly support you facilitate this move. Everybody wins.
- Elizabeth Marstall - Dear MHSA, I am a supporter of California Clubhouse and am so glad they have the opportunity to move to a larger and better location. This will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important would be such a gift. California Clubhouse has been searching for an appropriate space for some time and I truly hope this move goes through.
- Hansel Tomaneng - Dear MHSA, I am a product of the California Clubhouse. They have been an essential part of my recovery from Bipolar 1 symptoms. I went from homelessness to finding gainful employment through the work ordered day program offered by the California Clubhouse. Please consider getting the property on El Camino so they can help others in the future.
- Alana Zarate - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. Thank you for your consideration!
- Juliana Fuerbringer - Dear MHSA, As CA Clubhouse Founder and Board President up until this year, I want to thank you for all your support. The funding has been critical to our opening and continued growth and success over the last 7 plus years. Now is another critical point in our development. CA Clubhouse needs a new home and in the current real estate market it is extremely difficult to find a suitable building in a central location. The building size and location is crucial to our mission. All our work is focused there. Clubhouse members can attend 5 days a week, plus evenings, weekends and holidays. This building would provide easy access for members and space for our array of ongoing activities. The proposed El Camino building is ideal and member supported. Thank you for making this available. Juliana Fuerbringer

- Silvana Garetz -Services such as those provided by California Clubhouse are crucial for our loved ones continued recovery. Please do provide them with a long-term location such as this one. Thank you so much!!!
- Agnes Coric - Dear MHSA, I am support of the new location on El Camino for the California Clubhouse. Every time I get depressed coming to the Clubhouse helps me get out of my depression. Thank you for your consideration. Agnes Coric
- Patricia O'Brien - Dear MHSA, I am a supporter of California Clubhouse. The Clubhouse model has been successful and as many people as possible deserve to benefit from the program. This building will allow for more members and enhance stability and consistency for all. I am very excited about this opportunity for Clubhouse to reach and help more San Mateo County residents.
- Mary Loggia - Dear MHSA, I am a supporter of California Clubhouse. I want to convey how much the building will allow the California Clubhouse to continue to support the community -- allowing a safe and secure space that will affect 100's of lives for the better. California Clubhouse is a vital service that meets the needs of the community. It provides a place of belonging for many with whom society has shunned. Thank you for helping our community members who have suffered enough. Sincerely, Mary Loggia
- Charles Holland - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Dear MHSA, I am in support of the new site for California Clubhouse being on El Camino Real in San Mateo. There is always a need for a mental health facility in the Bay Area.
- Nolan Rubinstein - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. Thank You for your Consideration Nolan Rubinstein
- Carmen Redondo - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. Thank you for your consideration Carmen
- Dear MHSA, I am a supporter of California Clubhouse and so glad they have opportunity to move to a larger and better location.
- I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members, and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Chiao Wen Chen - Dear MHSA, I am a long term supporter of California Clubhouse and so glad they have the opportunity ti move to a larger and better location to serve more new members, provide new programs and have a full kitchen to serve more members. There will be stability and consistency for all.

- Monica Nunez - The last few years have proven that California Clubhouse is more than just a mental health nonprofit in San Mateo County. California Clubhouse is an intentional community focused on creating meaningful relationships and work. Through the pandemic, California Clubhouse continued to provide its essential service to many members in San Mateo County. Our mission is to propel members to reach their highest potential and integrate (back) into the community. At California Clubhouse, we meet members where they are with respect, dignity, kindness and patience. Our ultimate goal is to support folks in feeling wanted, needed and expected. As a member of Clubhouse International, we are expected to uphold the guaranteed rights of membership: a right to a place to come, a right to meaningful work, a right to meaningful relationships, and a right to a place to return. California Clubhouse is ready to find its home and create a dignified place members can come and return to. This location on El Camino Real will allow us to expand our services, increase our daily attendance, and to come together as a community once again for socials and holidays. Many members will have the opportunity to support the organization in creating the space that is dignified, welcoming, and engaging. Getting this building will bring forth the stability and foundation that is so necessary for the program. I am in support of the new location on El Camino for California Clubhouse.
- Neil Murphy - Dear MHSA, Because I have personally seen the results California Clubhouse can bring to our community, I am in support of their new location on El Camino. What I've seen involves my own family member, and how Clubhouse provided hope where little existed. It is said that you leave your diagnosis at the door when you enter a clubhouse. That means you leave stigma at the door. The bar is set low to make it easy to walk through that door. Free and for life. Can't top that, but what can push that top even higher, to heights this whole community desperately needs, will be the new space BHRS is offering. I support it with all my heart. - Neil
- Susan Marquis - I am a supporter of California Clubhouse. It's great that they have the opportunity to move to a larger and better location.
- This would be wonderful to have more places for people with mental health disabilities to have more access to a better life and stability.
- Housing with peer support is key to positive wellbeing
- Claudia Saggese - I completely support this project. I have seen how CA Clubhouse has each year served more clients even during COVID Times - with more space they will be able to serve more clients and develop more programs.
- Dear MHSA, I am in support of the new location on El Camino for California Clubhouse.
- Jane - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- James Queen - It would be great having a facility in San Mateo, more convenient for many clients.
- Leslie Roberts - I believe California Clubhouse should receive the property ay 2191-2195 ECR in San Mateo. This non for profit organization assists persons with mental health issues. By offering a safe environment for members to come together to have a place to come and be productive members who assist in running this non for profit organization. It is good for the mental health community and this location will be welcoming to expound the number of members

- Francesca Sampognaro - My daughter is mental ill and was attending the clubhouse at its first location. After they moved to industrial it was not available without a car. It is very important that the clubhouse be available at a convenient location. PLEASE support this new clubhouse. Francesca Sampognaro
- Glad to see SMCO Mental Health taking new steps toward adding new wellness and recovery programs. This new property will go a long way in providing more programs and training
- Teri Greenwood - Dear MHSA, I support the use of the new location on El Camino in San Mateo by California Clubhouse. The new location is larger, is more accessible to members via public transportation, and has a kitchen for use in preparing meals. The location will provide stability and consistency for the important programs provided by California Clubhouse and will allow an expansion of the current operations, including being available to the residents of the new housing in the former hotel next door. I have been involved as a volunteer with California Clubhouse since before it even opened in 2015, and my son is one of the founding members. The California Clubhouse has been instrumental in my son's recovery from his mental health struggles, and I have watched the progress of many other members as the Clubhouse provides them an environment in which to thrive on their path to recovery. The new location would allow them to continue the great work in a better and more stable location.
- Barbara Berk - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to the El Camino building in San Mateo, a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all, and presumably no more sewer floods or electrical fires to deal with. This new location provides a chance for California Clubhouse to focus on what is most important. I whole heartedly support this move and the opportunities that it presents.
- Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Mallory Stevens - I would like to encourage you to approve the El Camino Property Project because the work that California Clubhouse does is essential, providing support and re-entry for young people have had mental health challenges. I work with the community colleges and, as an educator, I see how critical community and family support are to my students. I have been a long time donor to the clubhouse and members of my family have also benefited from the services. Clubhouse is based on a proven model, and it creates a much needed community. This space will support the growth that is needed to ensure that they can meet the ongoing demand and support our young people, allowing them to contribute and also allowing them to support one another.
- Carol Labarthe - I am a supporter of California Clubhouse and am very happy they have the opportunity to move to a larger location. I am excited that they are having a chance for new programs, new members and a full kitchen. My only child, died by suicide in 2013. I wish she had had the opportunity to experience California Clubhouse. It greatly serves and enriches the lives of the mentally ill in our community.
- Laura Neish - I have supported California Clubhouse for years. It is exciting to hear that they have the opportunity to move to a larger and better equipped facility, which will give CA Clubhouse the ability to provide new programs and expand participation.

- Alexis Selwood - Dear MHSA, I am a longtime supporter of California Clubhouse. I have been involved since the very beginning in 2014 before California Clubhouse opened and have been a generous donator. I am so glad CC has the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. I visit CC whenever I have a chance. It is a joy to see how well members are doing now that they are in a supportive environment. I am planning to continue supporting California Clubhouse and am looking forward to visiting the members and staff in their new location.
- Patricia Urbina - I support a new location on El Camino for California Clubhouse. My son is a member and is uplifted by his fellow Clubhouse participants!
- Patsy Fergusson - I fully support granting California Clubhouse the new location on El Camino Real near 21st St. in San Mateo. This organization provides much needed services that help my adult son with schizophrenia and many, many other people with major mental illness, and that location will be bigger and better and more easily accessible to clients, many of whom don't drive, via public transit. Please, please, please approve!
- To: BHRS and MHSA San Mateo County, I am writing in support of the proposed new location at 2191-2195 El Camino, San Mateo for the California Clubhouse. I have been a consistent financial contributor to the California Clubhouse because I appreciate the support the Clubhouse provides to members of the community with mental health issues. I am so glad the Clubhouse has the opportunity to move to a new and better location, one with public transportation access and a full kitchen to facilitate their excellent meal program. The move will give the Clubhouse the opportunity to attract new members and expand their programs. I applaud the Behavior Health and Services department of San Mateo County for making the excellent facility, available to the California Clubhouse.
- Carrie Gordon - Just wanted to let my support to the proposal that the California clubhouse relocate to the property on El Camino Real in San Mateo. I've been familiar with the clubhouse programs for about five years and I'm grateful that there is a resource like this in the community for folks living with mental illness. Thank you!
- Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Neleen Consuelo Mata - Dear MHSA, I am in support of the new location on El Camino for California Clubhouse.
- Karen St Leon – I have seen Clubhouse grow over the years they provide a safe and encouraging environment for its participants. In fact, a couple of their clients have become peer workers at Heart and Soul. I hope they find a welcoming new building so they can continue to grow just as we are at Heart and Soul. Goodluck peers.
- Hailey McKeefry Delmas - Hello, I write as Archdeacon of the Diocese of California, a citizen of Belmont and a board member of the California Clubhouse. I am strongly supportive of the BHRS and its efforts to connect the California Clubhouse to a location that will support its programs in mental health more appropriately. The supportive services of the California Clubhouse are critical to our county and its residents--and a much needed enhancement to clinical programs. The new space will give the Clubhouse a chance to support new members, offer new programs and

enhance the work of the clubhouse. I am delighted to know that you are considering this, and I am strongly in support.

- Yvette Agua - I feel excited for the California Clubhouse well deserved and continuing to make a difference in people's lives. I am a member of the CC for 6half years. Thank you so much.
- Elizabeth Evans - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. Clubhouse really needs the space that both floors of this building will afford in order to accommodate more members and a thriving employment program. Thank you!!!
- Patrice Massicotte - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important
- Amaal Greenwood-Goodwin - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Ebony Carruthers - I look forward to celebrating in the new building and I believe that it's going to be a benefit, not just to the people we served but to the whole community.
- Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Helene Zimmerman - Dear MHSA Committee: I learned of California Clubhouse's great work in the community since its inception 7 years ago. As the then Executive Director of NAMI SMC, I/we interacted with Clubhouse in a variety of ways. We regularly referred Peers who attended NAMI SMC programs to the Clubhouse; we told family members about the programs and support offered by Clubhouse, and we regularly attended their functions, as their staff and Members supported ours. Since its founding, Clubhouse has grown by leaps and bounds – now currently serving approximately 170 people with serious mental illness with approximately 400 registered members. Our ability to remain in our current location at 210 Industrial Road, San Carlos is in question, as the new owner has told us that it is their intention to redevelop the parcel and endured through serious plumbing and electrical infrastructure difficulties. Our continuing at Industrial Road is not desirable for the ongoing growth and stability of the organization; for the continued support we offer to our members, and to be able to handle an increase in numbers of people referred to Clubhouse to aid in their recovery. Since its founding in 1995, California Clubhouse has shown its value to the mental health community – to the Peers who utilize the organization as part of their recovery – to the many providers from a variety of organizations who refer their clients to us and to the outpouring of support from the many family members, friends and the Board of Supervisors who continue to support the organization through their words, their actions and with their pocketbooks. California Clubhouse is a most worthy organization for MHSA to support with the use of 2191-2195 El Camino Real. Thank you for your consideration. Helene Zimmerman, Board Co-President, California Clubhouse

- Hugo Lowenstein - I am glad this new place, has a kitchen. Now I can have yummy food, and drink, at the new Clubhouse! Thanks! Bye.
- Mary Ann Hurlimann - I strongly support using 2191-2195 El Camino in San Mateo as the site for California Clubhouse!
- Marsha Mayer - An expansion of California Clubhouse to a bigger, more centrally located facility is essential to their mission. California Clubhouse is a success story and a place for those with mental illness to feel part of a community. This has grown to have more meaning and help to those who benefit the most. We need to continue to develop this choice of a place where a predictable, fulfilling program welcomes those in need. This helps the individual, the families and the community. Please support the securing and support of this new location.
- Ruth Parson - I have been a Clubhouse staff, director, faculty, and developer with Clubhouses for twenty-five years. The benefits of an accessible Clubhouse in any community are statistically and anecdotally enormous. I urge you to support this move for California Clubhouse into the heart of the community for the benefit of not only its members and the Clubhouse, but the community at large.
- Hugo Lowenstein - The place looks nice! Also has a kitchen! Woo-hoo! Now I will get great meals! Thanks! Bye.
- Diana Kovacs - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Mary Sliwkowski - I am in favor of the new location on El Camino for the California Clubhouse. The opportunity for a full kitchen, new programs and new members in this larger, stable space will allow the Clubhouse to better meet the expanding mental health needs within our community.
- Barbara O'Connor - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. Thank you, Barbara O'Connor
- Kim Kletter - I am in favor of this new location for the California Clubhouse in San Mateo.
- Christina Lowell - California Clubhouse has provided a consistently safe and welcoming space for my seriously ill son. He has attended since its opening days in San Mateo. Current CC space is far from bus line and will soon not be available for CC. The proposed new space on El Camino in San Mateo is ideal. An affordable permanent home which is located close to the ECR, the main bus route for the most people. My son cannot drive due to his condition. He is a regular user of the ECR. California Clubhouse helps him cope with the challenges of ordinary life and gives him a chance for community and self esteem. We would love to see California Clubhouse provided with a new home.
- Cynthia Robbins-Roth - Dear MHSA, I am in support of the new location on El Camino for California Clubhouse and VOR. This is such a great opportunity to provide a home for two very important and effective programs serving our community members. The location and the actual physical structure will greatly support these programs in serving their members - who often participate and benefit from both of these programs. The close proximity to the transitional

housing site also is very positive, by making it easier for folks trying to move from homelessness to gaining the skills and tools to live and work in the community.

- Amber Mackay - Dear MHSA, I am in support of the new location on El Camino for California Clubhouse. I run a Clubhouse in Park City, Utah and our Clubhouse community recently went through a public hearing to obtain a conditional use permit to move into a space in a mixed used neighborhood. I understand the challenges that come in relocating and working to educate neighbors and business in the surrounding areas on mental health issues and initiatives. Clubhouses are communities that focus on improving the lives of individuals living with a mental illness through community re-integration. It's only fitting that a Clubhouse be located in a community setting to support this re-integration. Traditionally, Clubhouses bring a sense of professionalism and community to any area they are in, and I have no doubt California Clubhouse will do the same. The members and staff want to be a part of a neighborhood and make it beautiful, put down roots and ensure they feel like they belong. Clubhouses make the best neighbors because we understand the importance of ensuring everyone is treated with dignity, respect and inclusivity. I hope you will support California Clubhouse to move to their new location so they can continue to serve their Clubhouse members and the community at large. Thank you, Amber Mackay, Executive Director, Summit County Clubhouse
- Ron Chan - CA Clubhouse has provided a safe and supportive place for my son, as he worked through his challenges. This new space will certainly enable CA Clubhouse to positively impact many others.
- Leonard Fein - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important.
- Janet Hargadon - I am in support of the new location on El Camino Real for the California Clubhouse.
- Deborah Higgins - Dear MHSA, I have been a San Mateo County resident since 1984 and have been Secretary of the Board of California Clubhouse for over 6 years, in those years I have become a huge a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location in San Mateo. The organization has been through so much with our facility over the last years yet remained resilient during Covid-19. This new location will help us support our current programs while developing new programs and supporting new members. As my favorite on-site volunteer activity was helping with lunch, the full kitchen will make a huge difference in our meals program which is so popular among members. The fact that the building is along the El Camino corridor will make a huge difference to our members who use public transportation. This change will bring stability and consistency for all and chance to focus on what is most important--our programs. Sincerely, Deborah Higgins
- Donna Rutherford - Dear MHSA, I am a supporter of California Clubhouse and so glad they have the opportunity to move to a larger and better location. It will be a chance for new programs, new members and a full kitchen. There will be stability and consistency for all. A chance to focus on what is most important. If you have any questions, you can contact me. Thank you for your consideration, Donna Rutherford
- Dear MHSA, I am in support of the new location on El Camino for California Clubhouse.

- Dr Thomas Stodgel, Joanne Stodgel - Dear MHSA, I am a supporter of California Clubhouse and I'm so glad they have the opportunity to move to a larger and better location! This new location will encourage + support new programs, new members and it has a full kitchen! There will be more stability and consistency for all. Also a chance to focus on what is most important. This is an underserved community that needs our help. Thank you so much!
- Kathy Sampognaro - I have recently found myself inflicted with a physical disability. I have a great many resources and people to help support and care for me. I cannot imagine what people without resources must face. Many of the clients/members of the Clubhouse are with limited resources and only have family members, (lucky if more than one) to help care for and direct their life. They want to be independent and useful and participate in daily activities; to feel useful and part of the world. At Clubhouse their focus is the help the client to become a functioning member of the world around them. To help them by training and accompanying them to jobs that offer them a chance, and an opportunity to grow and learn and become confident adults. A big part of this process is to have a clean, well-equipped and comfortable environment to gather information, to learn needed skills and acquire experience. By attempting to gain a higher standard in their daily surroundings, if they do succeed, it sends the message to these individuals that they are worthwhile, they count. So let them feel counted. Thank you
- Alan Himelstein - Dear MHSA, I am in support of the new location on El Camino for California Clubhouse.
- Linder Allen - Dear MHSA, California Clubhouse has led the way in demonstrating the difference a quality and outcomes driven organization can make for its members. I am an enthusiastic supporter and urge you to give them the opportunity to expand their space, programs and activities by approving the El Camino Property Project.
- Tiffany Huang - I would like to nominate the California Clubhouse so that they may receive funds for extended services.
- Michelle Llerena - Vote California Clubhouse.
- Ruth Schlesinger - The new proposed location for the California Clubhouse is near public transportation and locally accessible area. It provides a place for clients to meet, socialize and learn life skills. I would like to see the new location on El Camino in San Mateo become a reality.
- Julia Salvato - vote california clubhouse
- Vote California Clubhouse !!
- David Schlesinger - I think this would be a great move for the California clubhouse
- Carol Henton - I write in support of the relocation of the California Clubhouse to San Mateo. There is an urgent and ongoing need for more mental health services in our county. The CA Clubhouse is helping to meet that need and fill the void. As a parent of a son who took his life by suicide many years ago, I hope that more can be done to assist people experiencing a mental health challenge.
- Carol Cash - The California Clubhouse an indispensable service for clients and offers a broad based focus on life skills, social and vocational integration. This program has changed the life of my nephew and countless other clients. The proposed change in location provides greater opportunities for clients with an increase in space, kitchen area, restrooms, parking and close proximity to public transportation. The Clubhouse program is life changing and life saving!

- Theresa Romeyn - I'm a 39 year old woman that deals with chronic mental health issues. I am a member and supporter of the California Clubhouse and so glad they have the opportunity to move to a larger and better location. The Clubhouse is currently divided into two units, Business and Hospitality. As a member of the Hospitality unit, I am especially excited about the prospects of having a full size kitchen at the new location. Members, volunteers and staff work together to prepare and serve low cost lunches. I am also a frequent participant in our Bakers Club, where we choose recipes to make delicious treats. We currently utilize a small convection oven, and the new kitchen will provide so many more opportunities for cooking and baking. These are just a few of the things that I feel are beneficial in terms of relocating the California Clubhouse to the new location on El Camino. Thanks so much for considering my input.
- Catherine Heaney - I am delighted to support the proposed new site for the California Clubhouse. It is much more convenient for the clientele and will allow an expansion of services. I have worked with the Clubhouse in the past and found the organization to be an important resource for its community
- I'd like to nominate the California Clubhouse for the new building in San Mateo
- Heather - I want to nominate California Clubhouse to be chosen for the new building in San Mateo
- Mario Z. - I'd like to nominate California clubhouse for the new building in San Mateo
- Kela Zelaya - I would like to nominate California Clubhouse for the new building in San Mateo.
- Peter Ingargiola - I'd like to give my public comment and vote California clubhouse for the space
- Brandon Bianchi - I nominate California Coubhouse for the new building.
- I want to place a vote for nominating California Clubhouse for the new building.
- Karla Vigil - Nominating California Clubhouse

Innovation (INN) Project Plans

Four INN Project Plans are being proposed for approval. While the services are targeted to begin FY 2023-24, this proposed amendment will allow for the use of MHSA INN funds in the amount of **$35,000 in this current FY 2022-23** for BHRS administrative and procurement activities.

1. *Adult Residential In-Home Support Element (ARISE).* Total amount proposed: $1,235,000 for 4 years ($990K services, $145K admin, $100K eval). The ARISE program creates a model for residential in-home services to support clients with a serious mental illness (SMI) and/or substance use disorder (SUD) who are at risk of losing their housing. Residential in-home support workers—approved in-home support services (IHSS) providers—will be provided with specialized training for working with SMI and/or SUD clients in collaboration with a peer support staff and occupational therapist.
2. *Mobile Behavioral Health Services for Farmworkers.* Total amount proposed: $1,815,000 ($1.455M services, $215K BHRS admin, $145K evaluation). The program will provide direct behavioral health mobile services and wraparound resources in Spanish to farmworkers and their families. It integrates cultural arts practices as a pathway for engaging farmworkers and their families with formal clinical behavioral health services spanning prevention, early intervention, treatment, and recovery.
3. *Music Therapy for Asians and Asian Americans.* Total amount proposed: $940,000 for 4 years ($755K services, $110K admin, $75K evaluation). This project will provide music therapy as a culturally responsive approach for Asian/Asian Americans to reducing stigma, increasing behavioral health literacy, and promoting linkages to behavioral health services and building protective factors to prevent behavioral health challenges and crises.
4. *Recovery Connection Drop-in Center.* Total amount proposed $2,840,000 for 5 years ($2.275M services, $340K BHRS admin, $225K evaluation). This center will provide drop-in services for individuals with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery, from pre-contemplative to maintenance and enhancement. The Recovery Connection will center around Wellness Recovery Action Plan (WRAP) programming, use a peer support model, provide linkages as needed and serve as a training center to expand capacity countywide.

The Community Program Planning (CPP) process for INN Project Plans begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of INN projects.

Between February and April 2022, a workgroup was convened made up of community members and service providers including people with lived experience and family members. The workgroup met monthly to develop an idea submission and stakeholder participation process that is as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas. Based on ideas from the workgroup, the following were developed:

- Frequently Asked Questions (FAQ) about INN and requirements for INN projects
- Myth Busters to demystify the submission process

- Submission Packet (*translated into Spanish and Chinese*) including scoring criteria and a user friendly online and fillable form, which asked submitters to describe how their project addressed the MHSA Core Values and the MHSA Three-Year Plan prioritized needs.
- Outreach Plan to inform community members about the opportunity to submit ideas.
    - Announcements at numerous internal and external community meetings and program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.)
    - E-mails disseminating information to over 3,000 stakeholders
    - Word of mouth on the part of committed staff and active stakeholders
    - Postings on a dedicated MHSA webpage and the monthly BHRS Director's Update.
- Online Info Session and "How to Conduct Online Research" training, which were recorded and posted on the MHSA website.
- Technical Assistance sessions where potential submitters could talk through their idea(s).

Nineteen (19) ideas were submitted and pre-screened against the INN requirements. Of these, 14 ideas moved forward to a selection group made up of BHRS staff, nonprofit providers, and people with lived experience, who reviewed the ideas and scored them based on the identified criteria. An internal feasibility review was conducted that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). Four (4) ideas were developed into full INN Project Plans.

On October 6, 2022, the MHSA Steering Committee reviewed the 4 INN project ideas and provided considerations for the projects through breakout room discussions and on-line comment forms. The Behavioral Health Commission (BHC) voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022.

The projects will be presented for approval by the MHSOAC, scheduled for February 23, 2023. A Request for Proposal process will follow to support an open procurement process for the services.

- Attached are the 4 INN Project Plans. Public comments received are included as Appendix 4 of the project plans.

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
☑ Local Mental Health Board approval	Approval Date: December 7, 2022
☑ Completed 30 day public comment period	Comment Period: November 2, 2022 – December 7, 2022
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: TBD – tentatively February 28, 2023 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: February 23, 2023 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***	

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: December 21, 2022
Project Title: Adult Residential In-home Support Element (ARISE)
Total amount requested: $1,235,000 ($990K services, $145K admin, $100K eval)
Duration of project: 4 years (3 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ✓ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ✓ **Increases access to mental health services, including but not limited to, services provided through permanent supportive housing**

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Housing instability can worsen mental health and exacerbate symptoms of mental illness.[1] Studies have shown that eviction can have adverse effects on mental health, in addition to social and economic effects, including increased risk of suicide or hospitalization for a mental health condition.[2] Many individuals living with serious mental illness (SMI) and/or substance use disorders (SUD) experience cognitive challenges, particularly related to executive functioning skills,[3] which are critical to managing one's living space.[4] Additionally, lethargy is a common physical symptom of depression, medications to treat mental illness may have a side effect of lethargy, and individuals may have active substance use, all of which can impede individuals from performing home maintenance. Mental Health Association of San Mateo County (MHA) serves over 500 clients annually and assists individuals living with SMI and/or SUD to develop and improve daily living skills, including home maintenance. MHA reports that some individuals have significant deficits in their executive functioning, which can and has resulted in situations where a client is asked to leave or evicted as a result of their inability to maintain their housing in a safe and habitable way.

The COVID-19 pandemic exacerbated the risk of MHA clients losing their housing, since for much of the pandemic, MHA occupational therapists were not able to meet clients in person and see the condition of their living environments. The eviction moratorium meant that landlords could not evict tenants even when the conditions of their homes became uninhabitable, and the Housing Authority of San Mateo County paused inspections for tenants. Now, MHA is seeing a backlog of clients who are at risk of losing their housing due to habitability concerns.

Many of these clients would benefit from in-home support to maintain their living environment and thereby preserve their housing security. However, for the reasons detailed below, the current state system for In-Home Support Services (IHSS) does not adequately support clients whose needs for in-home support are primarily because of their behavioral health condition.

- **Eligibility for IHSS.** While clients with mental illness *can* be eligible for IHSS services, they are often denied for several reasons.
    - First, mental illness in and of itself is a disability but not a functional disability; therefore, individuals who have cognitive limitations as a result of mental illness, particularly those who have not received a neuropsychiatric evaluation, are not technically eligible for the current IHSS program.

[1] H. Kim, S.A. Burgard, Housing instability and mental health among renters in the Michigan recession and recovery study, Public Health, Volume 209, 2022, Pages 30-35, ISSN 0033-3506, https://doi.org/10.1016/j.puhe.2022.05.015.
[2] U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Affordable Housing, Eviction, and Health. Evidence Matters, Summer 2021. Accessed: https://www.huduser.gov/portal/periodicals/em/Summer21/highlight1.html#title
[3] Regev S, Josman N., 2020; Jackson, C.T., Fein, D., Essock, S.M. et al., 2001; Christopher R Bowie, Philip D Harvey, 2006
[4] Vogan et al., 2018; Wallace et al., 2016; Yon-Hernández, J.A., Wojcik, D.Z., García-García, L. et al. 2022

  - Second, a challenge for clients when being interviewed for IHSS is that support staff cannot assist during interviews, and clients often overstate their skills and abilities. For many, this is the result of anosognosia, where someone is unaware of their own mental health condition or cannot perceive their condition accurately. Anosognosia is a common symptom of certain mental illnesses.
- **Limited incentive for IHSS workers.** In the current IHSS system, the pay available for this work is at or below the poverty level for a full-time position and rarely are workers afforded or guaranteed enough hours to pay their bills, so the people drawn to the field may elect not to work with some of the challenges they may face working with people with SMI and/or SUD.
- **Challenges for clients to recruit, hire, screen, and retain IHSS workers.** In the current IHSS system, clients or their family members (sometimes with the support of an agency) are responsible for finding, screening, and hiring their own IHSS workers. Many individuals with SMI and/or SUD cannot perform this task alone and do not have family members to support them, and furthermore are distrustful of having someone coming into their home. Some of the individuals that would be referred for this program also have behavioral challenges which can cause problems with interpersonal relationships, including with IHSS workers. For example, an individual who responds to auditory hallucinations in an angry, loud voice could be frightening to IHSS workers who are not aware of how to work with this behavior.

Given the challenges that some clients with SMI and/or SUD face in maintaining their home environment, and the insufficiencies of the current IHSS model, a new model of in-home support for clients with SMI and/or SUD would assist clients in preserving housing security.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The ARISE program creates a model for residential in-home services specifically designed for clients with SMI and/or SUD who are unlikely to be approved for state IHSS services and who, without additional support, are at risk of losing their housing due to challenges with managing their environment. The project will recruit residential in-home support workers who will receive specialized training for working with SMI and/or SUD clients and will work closely with a peer support staff and occupational therapist. The in-home support workers will be matched with clients based on needs, culture, language, and personality. The ARISE program will pay hourly wages of $30/hour and will guarantee at least 15 hours of work per week. Each worker will be offered work with multiple clients to whom they are matched. Workers may elect to work fewer than 15 hours per week and if their schedule and client needs align, may be scheduled for more than 15 hours per week. Additionally, ARISE staff will provide administrative support to clients with the hiring, recruiting, and supervising of in-home support workers.

Assessment and enrollment

- Criteria for enrollment are clients are living independently and are at risk of losing their housing due to challenges in maintaining their home environment.
- Case Managers and Occupational Therapists will work together to assess clients to identify potential ARISE program participants.
- Case Managers will receive copies of notices regarding individuals who have failed housing inspections from Housing Authority, and/or from property managers regarding lease violations for health and safety issues in the unit. This will initiate an assessment from MHA Occupational Therapist.
- Occupational Therapist will provide an in-home assessment related to physical capacity, cognitive impairments and executive functioning to determine whether the issues can be addressed through skill building and training, or if the client has impairments that necessitate assistance from the ARISE program. When appropriate, ARISE will refer clients to BHRS for a neuropsychological evaluation.
- Clients will be asked whether they want to participate, and enrollment will be completely voluntary.
- Once a client enrolls, the program manager will work to identify an ARISE in-home support worker and match them to the client based on needs, culture, language, and personality.
- The ARISE program is designed to address health and safety issues related to housing and an agreement related to needed services to be performed will be developed between the client and worker to provide specific direction and expectations regarding work that can or cannot be performed by the ARISE worker.
- Before the ARISE in-home support worker begins, the program manager will work with the client to conduct an initial house- cleaning so the client becomes comfortable with allowing the ARISE in-home support worker inside their home.

Services

- ARISE in-home support workers will offer clients an average of four hours per week of culturally responsive support focused on the needs of individuals living with complex behavioral health challenges that will allow an individual to continue living as independently as possible, including, but not limited to:
    - Home maintenance – organize and declutter belongings; wash, dry, fold, and put away laundry
    - Cleaning – sweep and mop, clean sink, stovetop, oven, refrigerator, wipe counter, dust, empty trash
    - Shopping – grocery shopping and other shopping and errands
    - Cooking – prepare and clean up after meals
- Clients will be able to continue receiving in-home support services indefinitely. Services may discontinue if a client desires to stop services, or if a client's capacity to manage their own environment improves (e.g., due to their recovery process or a reduction in medication side-effects)
- Peer staff will provide support to clients on a regular or as-needed basis beginning with initial identification of potential clients. They will work with clients through regular contact to determine the client satisfaction, and to provide feedback, as needed, to both ARISE staff and Case Managers.
- All ARISE participants will continue to receive case management and occupational therapy through their existing service plans. Currently, MHA employs occupational therapists to visit clients in their homes, and assess and support their needs in terms of physical accommodations and daily living skills; INN funding will be used to conduct a deeper assessment of clients' ability to maintain their home, with a focus on identifying cognitive and executive functioning challenges, and assessing the extent to which clients are improving their skills to manage their home environment. Occupational therapy will also include developing strategies for communicating with the ARISE in-home support worker,

regular check-ins about the client-worker relationship, and mediation/problem-solving if challenges arise in the relationship.

Advisory Group

A small advisory group of clients, family members and community leaders including representatives from Aging and Adult Services and/or other partner agencies will be established early in the program start-up. The advisory group will inform all aspects of the ARISE program including the program structure and services, outreach strategies, evaluation and dissemination of the findings of the innovation. Stakeholders will continue to play a critical role in the evolution of this project.

Staff and contractors

- **Employees**
  - A program manager will be hired to oversee the ARISE program. The program manager will be responsive for identifying ARISE in-home support providers and matching them to clients.
  - Case managers will identify that there is a need for ARISE in-home support and then coordinate with ARISE in-home support worker on client's needs
  - Occupational therapists will continue to work with the clients on their existing service plans
  - Peer support staff will be hired to support and assist clients in expressing their needs, what they want from the program, how they would prefer services be provided, e.g., morning/afternoon/weekday and if they would like to be present or absent when work is done. Peer support staff may also assist clients to identify outside resources or activities to use/attend if they choose not to be present when work is done.
- **In-home residential support workers**
  - ARISE workers will be hired as independent contractors. ARISE in-home support workers will have already been approved as a IHSS worker through the California Department of Social Services (CDSS).
  - In addition to the orientation that the contractor will have received through IHSS, the ARISE program will support an orientation and training on working with clients with SMI and/or SUD. The training will include Mental Health First Aid, properties of Harm Reduction, Boundaries Training, and ongoing support and consultation regarding specific concerns.

- **Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.**

While the current IHSS system was not designed for clients with behavioral health challenges, it does serve a small subset of clients with behavioral health needs who are eligible for IHSS. Therefore, this project has been identified under the general requirement of **making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.**

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

The value of providing in-home supports has been well documented, particularly for individuals with physical challenges, for elderly and frail adults, and for people with memory problems. In 2022, Mental Health Association (MHA) received a grant from Life Science Cares in the amount of $50,000 for a small test of the proposed project model. MHA identified clients from their caseload who were struggling with home maintenance (the full ARISE program will have an in-depth evaluation for eligibility), and MHA provided in-home supports to 18 clients. All but one of these clients maintained their housing (and program staff were successful in delaying that client's eviction). In the few cases where MHA clients have been approved for IHSS, MHA observed that having in-home support has helped clients maintain their living environment. However, MHA learned that IHSS workers had infrequent communication and support from the state IHSS system, and many left their positions. This points to a need for increased education and support for in-home support workers who are paired with individuals with behavioral health challenges, which the ARISE program will provide. Additionally, MHA has observed that when their staff are able to match and link clients with other service providers, as the ARISE program will do, it has helped clients become more comfortable with other providers entering their homes. Thus, MHA has anecdotal evidence that the selected approach meets the identified need, and the County seeks to fully build out the program with a comprehensive evaluation of its effectiveness.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The project will serve up to 35 adults annually living with SMI and/or SUD who are at risk of losing housing due to challenges with managing their environment and who voluntarily choose to participate. This number was chosen as a pilot program that will allow staff to oversee a small number of clients and ARISE in-home support workers to provide close oversight and to study implementation and effectiveness before scaling to a larger number of clients.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The ARISE program will serve adult clients with SMI and/or SUD who are living independently (i.e., not in board and care facilities). Most clients will be low-income and receive housing subsidies from the County of San Mateo Housing Authority. It is anticipated the clients in ARISE will be similar to MHA's overall population for service which is 56% male, 43% female and 1% transgender; 59% of MHA clients are White, 22% are Black or African American, 5% are Native Hawaiian or Pacific Islander, 6% are Asian or Asian American, and remainder identify as Multiple Races. Sixty-four percent (64%) report not having a physical disability, and 36% report having a physical disability. Eighty-eight percent (88%) report having a mental health disorder and 28% report having a substance use disorder. We anticipate the majority of ARISE clients will be males, over the age of 40; 17% will identify as Latino, 50% will identify as White and 20% will identify as Black or African American.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The proposed project develops an alternative to the existing IHSS system, creating an in-home support model that better suits adults with behavioral health needs. Many of the in-home support services that the ARISE program provides are similar to what IHSS currently authorizes—e.g., cleaning, cooking, shopping, and home maintenance—but the ARISE program differs in key ways.

Current IHSS system	ARISE program
Participants must have a functional disability.	Clients will have cognitive or executive functioning difficulties as a result of SMI and/or SUD, or medications used to treat SMI.
IHSS workers are often friends or family members.	Workers will likely not be friends or family, as many clients do not have ties with family and do not have friends who could provide this type of support.
Clients or their family members (sometimes with the support of an agency) are responsible for finding, screening, hiring, and supervising their own IHSS worker.	A peer worker and occupational therapist will match workers to clients based on needs, culture, language, and personality, and ensure the work that is done is appropriate, adequate, and tailored to the needs of the client.
IHSS workers are not trained to work with clients with SMI and/or SUD	ARISE in-home support workers will receive training to work with clients with SMI and/or SUD, including Mental Health First Aid.
IHSS pay is at or below the poverty level for a full-time position and workers are rarely guaranteed enough hours to make a living. The pay for IHSS workers may be supplemented by agencies or families.	To support recruitment and retention, the standard ARISE in-home support pay will be $30/hour, and contractors can choose the number of weekly hours worked (up to 15 hours per week).
IHSS workers have a defined set of services they may offer.	Services that ARISE in-home support workers will provide include serving as a liaison between clients and providers as needed, providing ongoing and regular support to providers and clients when questions or concerns arise, and working collaboratively with both to modify the services and the way they are provided to make the process as supportive as possible. For example, peer support staff can assist clients to find and use outside resources when or if they are not comfortable being in the unit when in-home support work is being done.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or

existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

Literature searches were conducted on Google and PubMed on innovative ways to provide in-home services and home maintenance for individuals living with serious mental illness and co-occurring disorders. BHRS did not find any existing programs that provide in-home residential support services to adults with behavioral health conditions. Therefore, this project would address a gap in practice and literature on best practices in and outcomes of in-home residential support services in the behavioral health field.

The proposed project seeks to attract and support high-quality workers who are well-matched to clients by providing specialized training to in-home support workers on working with behavioral health clients, providing ongoing consultation form an occupational therapist, support from a peer support worker, and increasing their hourly wage. A study on the impact of a large wage increase on the workforce stability of IHSS Home Care Workers in San Francisco found a 54 percent increase in the number of IHSS workers over the four-year period of the study; the number of IHSS consumers increased by 47 percent; the number of hours worked per provider increased for non-family providers in some ethnic groups; the proportion of consumers matched to a provider of their own ethnicity rose 6 percent; the annual "bad" turnover rate of matches between consumer and provider fell 20 by percent; and the annual "bad" turnover rate of the workforce overall fell by 30 percent.[5] This literature is promising and the proposed project will study whether a similar wage increase is effective in increasing and retaining qualified IHSS providers who desire to work with clients with behavioral health conditions.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

There is significant opportunity to learn from the implementation and outcomes of this project. Lessons learned can inform the design and implementation of in-home supports for adults with behavioral health needs. The project's learning goals and the reasons for their prioritization are as follows.

1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?
    a. *Reason*: The key learning goal is to determine whether the ARISE program improves client outcomes. If successful, the project design could transform the in-home support services model in other jurisdictions, statewide, and even nationally.
2. To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?
    a. *Reason*: It will be important to understand clients' experience of the ARISE program, and particularly to what extent the program supports their overall feelings of wellbeing and

[5] Howes, Candace, "The Impact of a large wage increase on the workforce stability of IHSS Home Care Workers in San Francisco County" (2002). *Economics Faculty Publications*. 2. https://digitalcommons.conncoll.edu/econfacpub/2

health. A secondary, but also important area of inquiry of the project is to understand clients' engagement in BHRS services. MHA estimates that a sizeable proportion of clients have not been engaged in services for the past couple of years. The project offers an opportunity to explore whether participating in a program such as ARISE serves as an impetus to re-engage with services.

3. To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges and how might these outcomes inform changes to the state IHSS program?
    a. *Reason*: In addition to fulfilling the "demand" for in-home support services for clients with behavioral health conditions, this project aims to increase the "supply" and quality of qualified in-home support workers who are interested in working with clients with this population. This learning goal examines whether MHA's strategies of increasing worker pay, guaranteed hours, and specialized training is effective in increasing the number and qualifications of available workers. The lessons learned from this project stand to inform changes to the state IHSS program so that it can better serve individuals with behavioral health conditions.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The table below describes the gaps in literature and practice and the new practices that the proposed learning goals will address.

Gaps in the literature and practice	**Proposed intervention and opportunities for learning**	**Learning Goal**
BHRS research did not find any existing programs that provide in-home residential support services to adults with behavioral health conditions	• Implement in-home residential support services for clients with SMI and/or SUD who are at risk of losing their housing due to challenges in maintaining their home environment	1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?
The project offers an opportunity to explore whether participating in a program such as ARISE improves clients' overall behavioral health, including feeling supported and engaging or re-engaging with behavioral health services.	• Integrate tangible support through in-home services with existing case management and occupational therapy supports	2. To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?

There are known shortages in the available pool of IHSS workers able to work with individuals with behavioral health challenge due to difficulties recruiting and retaining staff	• Higher ARISE in-home support worker pay • Guarantee up to 15 hours of work per week • Provide specialized training for working with behavioral health clients, • Provide ongoing consultation from an occupational therapist • Provide peer support • Provide administrative support with hiring, recruiting, and supervising workers	3. To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges and how might these outcomes inform changes to the state IHSS program?

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

An independent evaluation consultant will be contracted and monitored by the MHSA Manager in collaboration with the BHRS program monitor to formally evaluate the innovation project. The following depicts a rough evaluation plan given that the consultant will be hired after the project is approved. A Theory of Change, Appendix 1. was also developed to support the evaluation and learning plan.

Learning Goal	Potential Measures	Potential Data Sources
1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?	✓ Of the clients enrolled and served for at least one month, no more than 5% will fail a housing inspection. ✓ Of the clients enrolled and served for at least one month, no more than 10% will receive complaints or lease violations for reasons of health and safety issues related to the state of their unit. ✓ Of the clients enrolled and served for at least one month, none will be asked to leave their current housing situation as a result of health and safety issues related to the state of their unit. ✓ ARISE clients report that program was helpful in maintaining their living environment	✓ Program administrative data ✓ ARISE client interviews ✓ ARISE staff interviews and/or focus group

	✓ ARISE program staff report that program was helpful in maintaining clients' living environment	
2. To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?	✓ Percent of clients engaged in BHRS services at baseline and follow-up ✓ Satisfaction of ARISE clients with the program ✓ Self-reported health and wellness outcomes from ARISE clients and staff	✓ Program administrative data ✓ ARISE client interviews ✓ ARISE staff interviews and/or focus group
3. To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges and how might these outcomes inform changes to the state IHSS program?	✓ Number of available IHSS workers in the County at baseline and follow-up who are willing to provide in-home support for individuals with challenging behaviors ✓ Satisfaction of ARISE in-home support workers	✓ County IHSS data ✓ Survey of County ARISE in-home support workers ✓ ARISE in-home support worker survey ✓ ARISE in-home support worker interviews or focus group

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

All BHRS service agreements (contracts, MOU's) are monitored by a BHRS Manager that has the subject matter expertise. Contract monitors check-in at least monthly with service providers to review challenges, successes, troubleshoot and stay up-to-date on the progress of the project. Additionally, reporting deliverables are set in place in the agreements and linked to invoicing. Payments of services are contingent on the reporting. Evaluation contracts are monitored in a similar fashion by the MHSA Manager in collaboration with the assigned BHRS Manager.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for

services, which are used as the basis for the development of Innovation projects. One of the San Mateo County's MHSA Three-Year Plan prioritized strategies included to strengthen the housing continuum and provide integrated treatment and recovery supports for individuals living with mental health and substance use challenges. The ARISE program addresses this priority. Appendix 2 describes the Three-Year Plan CPP process and all priorities for San Mateo County.

Between February and July 2022, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas.

- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
    - Announcements at numerous internal and external community meetings;
    - Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
    - E-mails disseminating information to over 3,000 stakeholders;
    - Word of mouth on the part of committed staff and active stakeholders,
    - Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, and the monthly BHRS Director's Update.
- ✓ June-July 2022: As part of the outreach strategy, BHRS held an online information session. BHRS also held a session on "online research" to provide submitters with tips for how to search online for data and research for their submission. These were recorded and available on the MHSA website. The submission window was open for six weeks in June and July. Throughout that time, BHRS held technical assistance/support sessions that potential submitters could join to talk through aspects of their idea. Submitters were highly encouraged to attend a support session.
- ✓ July-August: BHRS received 19 ideas. All submitted ideas were pre-screened against the Innovation requirements, and 14 ideas moved forward to review. BHRS created a selection workgroup of four people, including BHRS staff, nonprofit providers, and people with lived experience, who reviewed proposals and scored them based on the identified criteria. BHRS also conducted an internal feasibility review that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). From there, four INN ideas moved forward to develop into full INN project proposals for approval by the MHSOAC.
- ✓ On October 6, 2022, the MHSA Steering Committee met to review the four project ideas and provide comment and considerations for the projects through breakout room discussions and on-line comment forms.

- ✓ The Behavioral Health Commission voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022. No substantive comments were received.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) **Community Collaboration**. The planning of the project was community-driven in that the idea was proposed by MHA based on direct experience working with the community. This project will require collaboration between clients and providers and will include service providers, and families in assessing the need, interest, and willingness to work with an in-home provider. The ARISE staff will also work collaboratively with other agencies, such as Aging and Adult Services, and community behavioral health and social service providers, to utilize additional and unique supports that will enable clients to maintain their housing in the most successful and independent manner possible.

B) **Cultural Competency**. The ARISE program will be sensitive to clients' backgrounds, culture, and language by recruiting and matching workers to clients based on race/ethnicity and language as much as possible. Staff and contractors will receive orientations and refresher trainings on cultural sensitivity and cultural humility, particularly as it may relate to cultural differences in communication and personal space when a worker is providing in-home services.

C) **Client/Family-Driven**. Client preference will be paramount throughout – clients will determine if they want to enroll in the program, and they will have a choice in their ARISE in-home support worker. They will have opportunities to provide feedback to their MHA case manager on their satisfaction with their worker, and can request to change their worker if it is not a good fit. With the support of their occupational therapist and/or case manager, clients will also oversee the ARISE in-home support worker's day-to-day tasks in their home and will always have choice about the tasks/activities that the ARISE in-home support worker performs. To the extent that clients have involved family members, family members' perspectives will be considered as well in terms of the match between the client and their worker.

D) **Wellness, Recovery, and Resilience-Focused**. The ARISE program is intended to help clients maintain stable housing, which is critically important to recovery and wellness. With less risk and worry about losing housing, the program will support clients' capacity to continue focusing on their recovery and wellness goals.

E) **Integrated Service Experience for Clients and Families**. ARISE clients will already be receiving services from MHA, so they will have a seamless transition to the

ARISE program. The program will also refer clients to BHRS services as needed and support with linkages to behavioral health care.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The evaluation contractor will engage an advisory group of diverse clients, family members and providers to gather input on the evaluation questions, strategies and on quarterly progress reports. Cultural and language demographics will be collected and analyzed as part of the quarterly reports to ensure equal access to services among racial/ethnic, cultural, and linguistic populations or communities. The quarterly reports will be used to inform and adjust as needed the direction, outreach strategies and activities.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program including opportunities for Medi-Cal billing as a rehabilitative activity and possibly under Personal Care and Homemaker Services should agencies be eligible to contract with the Health Plan of San Mateo for the provision of these services. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. Individuals with serious mental illness or others requiring ongoing behavioral health supports will be connected with the local BHRS clinic and/or existing local service providers.

If the evaluation indicates that the proposed project is successful and an effective means of supporting SMI and/or SUD clients with maintaining their housing and increasing the capacity of in-home support workers for this population, MHSA funding can be an option for sustainability, a proposal of continuation would be brought to the MHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to secure ongoing MHSA funding.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

The BHRS Director's Update is published the first Wednesday of every month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the quarterly MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will also be sought.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

a. In-home support behavioral health
b. IHSS behavioral health
c. Residential tasks and behavioral health
d. Home maintenance support and behavioral health

TIMELINE

A) **Specify the expected start date and end date of your INN Project**: July 1, 2023 – June 30, 2027

B) **Specify the total timeframe (duration) of the INN Project**: 4 years (3 years of services, 6 months start-up, 6 months post eval)

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Quarter	Key Activities, Milestones, and Deliverables
Mar-Jun 2023	• BHRS Administrative startup activities – procurement and contract negotiations
July-Dec 2023	• Hire and train staff • Hire and train ARISE in-home support workers • Convene project advisory board • Develop client intake and follow-up forms • Set up infrastructure for implementation/ evaluation and referral system and resources

	• Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools • Begin enrolling clients to start in January
Jan-Mar 2024	• Begin ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2024	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection • First 6 months post-launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2024	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection
Oct-Dec 2024	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection
Jan-Mar 2025	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection • Sustainability planning begins
Apr-Jun 2025	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jul-Sept 2025	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Initial sustainability plan presented, begin exploring options for sustainability • Engage MHSA Steering Committee and Behavioral Health Commission (BHC) through MHSA Three-Year Community Program Planning (CPP) process on continuation of the project with non-INN funds
Oct-Dec 2025	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection
Jan-Mar 2026	• Continue ARISE in-home support services to clients and linkages to behavioral health services • Data tracking and collection
Apr-Jun 2026	• Continue ARISE in-home support services to clients and linkages to behavioral health services

	• Data tracking and collection • Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jun-Dec 2026	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026
Jan-Mar 2027	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The total Innovation funding request for 4 years is $1,235,000, which will be allocated as follows:

Service Contract: $990,000
- $330,000 for FY 23/24
- $330,000 for FY 24/25
- $330,000 for FY 25/26

Evaluation: $100,000
- $35,000 for FY 23/24
- $30,000 for FY 24/25
- $30,000 for FY 25/26
- $5,000 For FY 26/27 (6mths)

Administration: $145,000
- $10,000 for FY 22/23 (4mths)
- $40,000 for FY 23/24
- $35,000 for FY 24/25
- $35,000 for FY 25/26
- $25,000 FY 26/27 (8 mths)

Direct Costs will total $990,000 over a three-year term and includes all contractor expenses related to delivering the program services (salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total $245,000
- $100,000 for an independent evaluation contract; with the final report due by December 31, 2026. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $145,000 for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

Federal Financial Participation (FFP) there is no anticipated FFP.

Other Funding: The County will go through a local bidding process to identify the contractor for direct services; the bidding process will inquire about any in-kind or other revenue sources that can be leveraged.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	**Total Personnel Costs**						**$ 0**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs	**$10,000**	**$40,000**	**$35,000**	**$35,000**	**$25,000**	**$145,000**
7.	**Total Operating Costs**						**$145,000**
	NON-RECURRING COSTS (equipment, technology)						

8.							
9.							
10.	**Total non-recurring costs**						**$ 0**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs		**$330,000**	**$330,000**	**$330,000**		**$990,000**
12.	Indirect Costs		**$35,000**	**$30,000**	**$30,000**	**$5,000**	**$100,000**
13.	**Total Consultant Costs**						**$1,090,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$ 0**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$0**
	Direct Costs (add lines 2, 5, and 11 from above)		**$330,000**	**$330,000**	**$330,000**		**$990,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$10,000**	**$75,000**	**$65,000**	**$65,000**	**$30,000**	**$245,000**
	Non-recurring costs (total of line 10)						**$0**
	Other Expenditures (total of line 16)						**$0**
	TOTAL INNOVATION BUDGET						**$1,235,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$10,000	$370,000	$365,000	$365,000	$25,000	$1,135,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**						**$**

EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds		**$35,000**	**$30,000**	**$30,000**	**$5,000**	**$100,000**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**						**$100,000**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds*	**$10,000**	**$405,000**	**$395,000**	**$395,000**	**$30,000**	**$1,235,000**
2.	Federal Financial Participation						**$0**
3.	1991 Realignment						**$0**
4.	Behavioral Health Subaccount						**$0**
5.	Other funding**						**$0**
6.	**Total Proposed Expenditures**						**$1,235,000**
*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting** **** If "other funding" is included, please explain within budget narrative.**							

APPENDIX 1. THEORY OF CHANGE

Theory of Change: Adult Residential In-Home Support Element (ARISE)

Primary Problem: Adults who have challenges maintaining habitable living environments due to behavioral health conditions are at risk of losing housing

Key Considerations (from the literature)

Housing Maintenance

- Housing instability worsens mental health and exacerbates symptoms of mental illness
- Challenges with executive functioning among individuals living with serious mental illness (SMI) and/or substance use disorders (SUD) can impede home maintenance
- Lethargy from depression, side effects of medications, and substance use can impede home maintenance

In-Home Support Services and Behavioral Health Clients

- Clients with SMI and/or SUD may not be eligible or are denied from In-Home Support Services (IHSS), and/or have challenges hiring and retaining IHSS workers
- There are limited IHSS workers with the capacity to appropriately work with behavioral health clients

Interventions

Responsive Residential In-Home Services

- Recruit, hire, and supervise ARISE IHSS workers
- Match workers to clients based on needs, culture, language, and personality
- Provide clients with peer support services
- Provide clients with culturally responsive in-home support including home maintenance, cleaning, shopping, and cooking

Build IHSS Worker Capacity

- Train ARISE IHSS workers to work with clients with SMI and/or SUD
- Facilitate ongoing consultation with occupational therapist and partnerships with peer support specialists
- Supplement standard IHSS pay to reach $30/hour
- Workers choose and are guaranteed the number of weekly hours worked up to 15 hours per week

Outcomes

Maintain Housing

- No more than 5% of clients fail a housing inspection
- No more than 10% of clients receive complaints or lease violations for health and safety reasons related to the state of their unit
- No clients are be asked to leave their current housing situation for health and safety reasons related to the state of their unit

Wellbeing and Recovery

- More clients engaged in BHRS services at follow-up compared to baseline
- Clients and staff report improved health and wellness outcomes as a result of the program

County Capacity

- Increased number of IHSS workers in the County at follow-up who are willing to provide culturally responsive in-home support for behavioral health clients

Learning Objectives

Learning Goal #1

Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?

Learning Goal #2

To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?

Learning Goal #3

To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges and how might these outcomes inform changes to the state IHSS program?

MHSA INN Primary Purpose

Increased access to behavioral health services

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
☑ Local Mental Health Board approval	Approval Date: December 7, 2022
☑ Completed 30 day public comment period	Comment Period: November 2, 2022 – December 7, 2022
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: TBD – tentatively February 28, 2023 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: February 23, 2023 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***	

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: December 21, 2022
Project Title: Mobile Behavioral Health Services for Farmworkers
Total amount requested: $1,815,000 ($1.455M services, $215K BHRS admin, $145K eval)
Duration of project: 4 years (3 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ✓ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ✓ **Increases access to mental health services to underserved groups**
- ☐ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

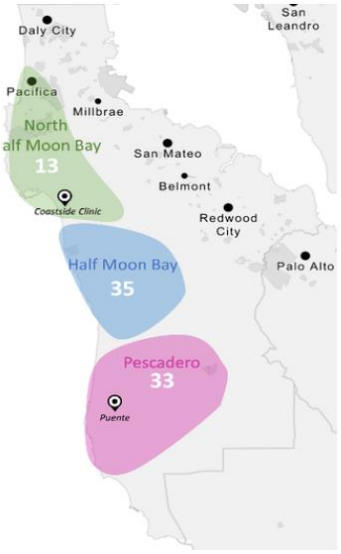
Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Due to socio-economic and nationality disenfranchisement, farmworkers represent one of the most vulnerable and hardest-to-reach demographics in San Mateo County. In addition to regularly being victims of various forms of trauma, they are also subjected to high rates of isolation, inadequate housing, and lack of access to resources, which lead to behavioral health challenges like loneliness, depression, anxiety, and alcohol/substance misuse.

Figure 1: Map of agricultural areas in SMC and number of growers (2019 needs assessment)



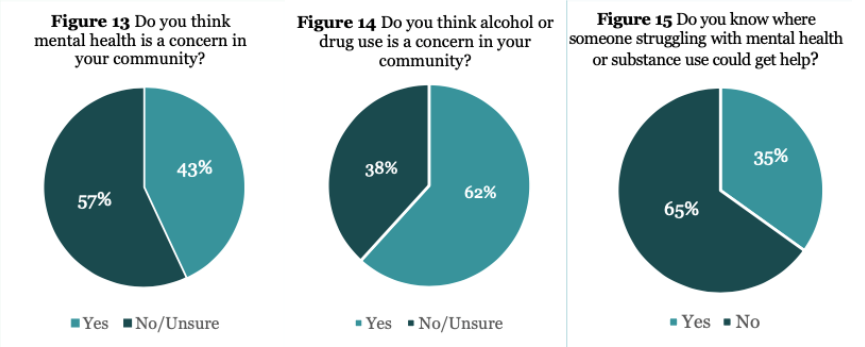
The San Mateo County Health Care for the Homeless and Farmworker Health (HCH/FH) Program 2019 Needs Assessment found that in 2018, there were about 1,300-1,600 farmworkers and an additional 1,700-2,000 children and family members of farmworkers on the San Mateo County coast on about 80 farms (see Figure 1).[1] The needs assessment estimated that about 30-50% of this population was seen at San Mateo Medical Center (SMMC) or a contracted provider. However, most of those seen at SMMC clinics were children or young adults, yet the average farmworker in San Mateo County is between ages 43-45, which indicates a need to better connect adults to care. The 2019 Needs Assessment Survey found the majority of farmworkers in the county (55%; n=85) rated their health as "average" or "bad."[2]

While county-level data was not available on the number of farmworkers/families receiving behavioral health services through BHRS, it is clear there are behavioral health needs in the farmworker community. Given that most farmworkers/families are immigrants, and an estimated 50% are undocumented, many experience unmet behavioral health needs as a result of past and ongoing traumas. These include: racial trauma, immigration and migration trauma, climate change anxiety, housing instability and safety, pandemic anxiety, healthcare access instability, and economic instability, including the lack of worker protections by employers. As undocumented and mixed-status families they are constantly at risk for exploitation and sometimes fail to receive proper pay breaks and other resources. Their status also prevents them from seeking help when there is sexual violence against both men and women in their communities. Providers and experts working with the farmworker population have termed the experience of immigration as one of "perpetual mourning." The resulting loss, grief, isolation, discrimination, and uncertainty can negatively impact mental and behavioral health.[3] A qualitative testimonial survey conducted with 13 farmworkers in coastal San Mateo County revealed that all participants reported incidences of mental health symptoms including stress and anxiety and

[1] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment. https://www.smchealth.org/sites/main/files/file-attachments/2019_hchfh_needs_assessment.pdf?1605730983
[2] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.
[3] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.

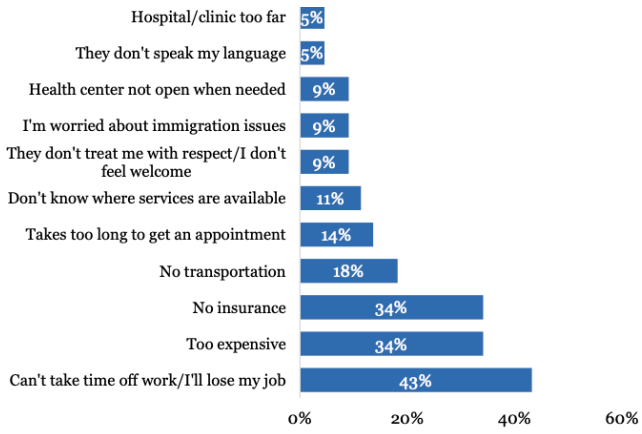
discussed concerns over safety in the workplace and discrimination. In the study, participants reported that they are forced into silence due to fear of losing their employment, and that stress and anxiety also have manifestations in health problems such as high blood pressure and risk of stroke, which impacts farmworkers' physical wellness and ability to work.[4] As shown in Figure 2, the 2019 needs assessment indicated that farmworkers/families consider mental health and alcohol/drug use as a problem in their community and there is a lack of knowledge of where to go for services.

Figure 2: Results from 2019 needs assessment about behavioral health concerns and access



Farmworkers also experience numerous barriers to accessing care (see Figure 3), among them:

Figure 3: Reasons farmworkers had trouble accessing health care in the last 12 months (n=44, from 2019 needs assessment)



- ✓ **Fixed work schedule**. Farmworkers' schedules are dictated by their work hours in the field. During the week, they are largely limited to being on the farm. They do not have paid sick leave and risk losing their jobs if they request time off work.
- ✓ **Physical exhaustion**. After working long days in physically taxing conditions, farmworkers are depleted and cannot travel to receive services, even if services are offered on evenings or weekends.
- ✓ **Lack of transportation**. Many farmworkers do not have access to transportation from farms to behavioral health providers.
- ✓ **Lack of health insurance**. Among farmworker/families seen at SMMC or contracted providers in 2018, most children had Medi-Cal (92%), most adults did not (36%), and many adults did not have insurance (39%).[5]
- ✓ **Fear related to immigration**. Over half of California's immigrant farmworker population is undocumented. Similarly, in San Mateo County, 51% of farmworkers in a recent study reported being undocumented. As such, farmworkers in San Mateo County are impacted by local, state,

[4] Source: Ayudando Latinos a Soñar
[5] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.

and federal immigration policies. The 2019 needs assessment observed that the "chilling effect" of the previous administration's immigration policies and climate, including the public charge rule, resulted in fewer farmworkers and their families accessing medical care and other social benefits.[6]

- ✓ **Lack of awareness of services or knowledge of how to navigate the system**. 65% of respondents to the 2019 needs assessment survey reported that they would not know where to receive support for behavioral health concerns.

In sum, San Mateo County's remote, rural farmworker/family population has one of the highest need and lowest access to services in the county, and there is a need to better serve this population outside of traditional brick-and-mortar behavioral health services.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The proposed project will provide direct behavioral health services and wraparound resources in Spanish to farmworkers and their families and children through a mobile venue (e.g., mobile health bus) that integrates cultural arts practices as a pathway for engaging farmworkers and their families with formal clinical behavioral health services spanning prevention, early intervention, treatment, and recovery. The mobile services will be equipped to provide medical care, including prenatal care. Cultural, financial, and regional accessibility will support the farmworker community to engage in behavioral health support services, fostering healthier families and communities.

Services provided

The project will serve 23 farms on the North Coast using the following behavioral health approaches and services.

- **Behavioral health outreach and education in farmworker communities**. A farmworker outreach team will visit farms Monday through Friday at times of day that are accessible for farmworkers, such as early in the morning, during lunch, and in the evening. They will offer food and conduct assessments and case management to identify families that have concerns. From there, the outreach team will be able to set up appointments, so that when the mobile service comes to the farms, the connection and linkage will have been made. The outreach team will also be able to make linkages to County behavioral health services as needed. Finally, the outreach team will also conduct educational classes and workshops around health- and safety-related topics.
- **Cultural arts and community connection.** For centuries, cultures throughout the world have used art, music, and storytelling to express and process grief. The project will bring these approaches together with behavioral science on grief and trauma to build community and resilience. The project will

[6] County of San Mateo Health Care for The Homeless & Farmworker Health Program. 2020 Annual Report. https://www.smchealth.org/sites/main/files/file-attachments/2020_hchfh_annual_report.pdf?1623433228

engage farmworkers/families in "cultural sensory" activities that are visually and/or auditorily engaging, such as creating altars, songs, stories, and murals centered around significant cultural holidays and celebrations. Through cultural arts, the project will build community among farmworkers and promote community engagement, particularly through opportunities for farmworkers to tell their stories in the broader community. Most farmworkers have never been asked to tell their story. They have not had a voice. Building leadership and visibility supports mental health by helping people understand that they matter, and their stories have value. Example activities include:

  - In the fall, each farm would create an altar for Día de los Muertos. Through the process, staff facilitate discussions about loss and grief, and culminate in a celebration to lift memories.
  - At Christmastime, staff would use the story of Jesus, Mary, and Joseph to spark discussions about farmworkers' migration journeys and finding home in a new place.
  - Staff would support farmworker communities to create "cantos"—songs they might sing while working in the field.
  - Staff would partner with muralists to collaboratively create a mural that tells farmworkers' stories.

- **Assessment and early intervention**. Clinical staff on the mobile service will conduct assessments with farmworkers, their families, and their children who might be at risk of developing behavioral health challenges. For children, this will also include the Ages and Stages Questionnaire (ASQ) developmental screener.
- **In-person and tele-behavioral health treatment.** Trained clinical staff who are Latinx and Spanish-speaking will offer in-person and tele-behavioral health services for children, youth, and adults of all ages, including individual and group counseling. The current proposer has an existing mobile bus with ongoing maintenance and repairs funded by outside sources. The bus will be fully equipped with a soundproof room for tele-behavioral health. In-person services will also be offered, depending on client preference. Clinical services will include individual sessions that are culturally centered using a cognitive and solution focused approach working with individuals, families, and children of farmworkers. The general practice will be 12 sessions as a baseline for each client, but the number and length of session will account for each case. In addition, the bus has a small group space that could include opportunity for group support.
- **Recovery support for people who are recovering from behavioral health challenges**. The project will work closely with community partners that provide substance use services to support recovery, specifically around addiction. The project will also establish partnerships with local mental health organizations such as the National Alliance on Mental Illness (NAMI), Latino Collaborative, and BHRS to support mental health treatment and recovery.
- **Linkage to community resources.** The mobile team will collaborate with community partners such as the library, adult education, College of San Mateo system, University of San Francisco, Stanford University, and the Mexican Consulate to lift up farmworkers who seek to enhance their education; supporting farmworkers/families in taking steps toward personal growth and educational empowerment can also serve as a protective factor.

Access to services

The table below describes how the project will address the many barriers to access that farmworkers experience.

Barrier	Solution
Fixed work schedule	✓ The farmworker outreach team will visit farms throughout the day and the mobile service will be onsite with services offered from

	3:00-8:00pm every day. During these hours, the mobile service will be able to serve children and families who are not working in the fields, as well as farmworkers in the fields after work hours. The mobile service will offer healthy snacks and drinks for participants and will bring fresh vegetables and fruit.
Physical exhaustion	✓ Onsite services will reduce the energy needed to travel to services. ✓ Children may be able to participate in services without their parents present if parents do not have the physical energy to participate.
Geographic isolation and lack of transportation	✓ Services will be offered onsite. ✓ The mobile service will have WiFi, which will help bridge the gap of isolation
Lack of health insurance	✓ The mobile service will not require clients to have Medi-Cal in order to receive behavioral health services.
Fear related to immigration	✓ The farmworker team is sensitive to farmworkers' fears and will not ask about clients' immigration status. In addition, because services will be available to all, regardless of Medi-Cal status, this may assuage fears that some undocumented farmworkers have around disclosing their immigration status.
Lack of awareness of services or knowledge of how to navigate the system	✓ The farmworker outreach team, which includes a social worker, will provide case management, assistance with navigating complex systems, and linkage to services.
Stigma associated with accessing behavioral health services	✓ The current bus has a community-friendly look (see Figure 4 for a mock-up of the mobile bus that will be run by Ayudando Latinos a Soñar - ALAS). It will not be branded with any medical or mental health language but rather will be focused on farmworker equity. ✓ Because the bus provides comprehensive services including medical, educational, and behavioral health services, other community members will not know if someone is receiving behavioral health services.

Figure 4: Mock-up of the mobile bus

Project staff

Staff will include:

- Two full-time MFT or MSW clinicians and two part-time MFT trainees in partnership with the USF Psychology program. Clinicians and trainees will be dedicated to providing culturally centered individual, family, and group counseling.

- Clinical Supervisor will provide direct support to the mental health team for individual, group supervision, and clinical counseling services.
- Farmworker Program Director will oversee the direct services provided to the farmworkers, including assessment, creating programming and best practices, oversight, and community engagement.
- One part-time non-clinical staff to coordinate cultural arts programming for the mobile service and participants and will create stimulating activities of cultural healing, food support, arts support, and other identified needs.
- Farmworker outreach team, which includes a social worker who will coordinate and bridge all the services together, creating appointments and also providing one-on-one support.

Advisory Group

An advisory group of farmworker clients, family members and community leaders, including representatives from organizations that work directly with the farmworker community, will be established early in the program start-up. The advisory group will inform all aspects of the program including program structure and activities, outreach strategies, evaluation and dissemination of the findings of the innovation. While the current components of the project were developed by a collaborative of clients, family members, and community leaders, farmworker communities and organizations that serve them will continue to play a critical role in the evolution of this project.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Traditional models of behavioral health care at brick-and-mortar structures with defined clinic hours do not work for farmworkers in rural communities who work long hours in harsh conditions, often do not have transportation, and do not have paid sick leave and job stability. Mobile health care units have been found to be a successful model for reaching vulnerable populations by delivering services directly in communities adapting services based on the needs of the specific community.[7] The cultural arts model is well suited to working with populations that have experienced high levels of trauma and loss and come from cultures that tend to have higher levels of stigma around seeking mental health services. Studies have found that arts and culture can improve mental health by impacting trauma; community-level stress, depression, and substance

[7] Yu, S.W.Y., Hill, C., Ricks, M.L. et al. The scope and impact of mobile health clinics in the United States: a literature review. Int J Equity Health 16, 178 (2017). https://doi.org/10.1186/s12939-017-0671-2

use disorders; and cultural identity.[8] Using culturally centered arts practices lowers the psychological (stigma, distrust) barriers to adoption of services.[9]

Additionally, the 2019 Health Care for the Homeless and Farmworker Health Program needs assessment identified action steps as developing a more robust community health program and developing relationships with farm owners. This project exemplifies culturally focused community engagement, culturally-responsive services, and trauma-informed services by tailoring services to a population with distinct a social context and unique experience of migration. By offering services at farms, the project will develop relationships with farm owners and will offer community health programs directly in the community.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

Annually, the project will serve 150+ low-income, Latinx farmworkers and their families in the rural, northern coastal area of San Mateo County. There are approximately 1,500 farmworkers registered in the North Coast area; this project will serve approximately 10% of this population.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The majority of the farmworker population come from working class, Latinx backgrounds and are immigrants who speak Spanish. The 2019 needs assessment survey of 180 farmworker/families found that the average age of farmworkers was 45 and average age of family member was 32; and there was a similar proportion of male and females among farmworkers. Farmworkers/families on the North Coast tend to work in more nursery/greenhouse operations, whereas the South Coast has more vegetable/field crops. [10] The North Coast area has often been overlooked with the farmworker community—the North Coast has attractive beaches and high-end housing, and farms tend to be less visible than in the openly rural South Coast area. Figure 5 shows the living situation of farmworkers/families on the North Coast.

[8] Hand, Jamie and Golden, Tasha. October 4, 2018. Arts, Culture, and Community Mental Health. Community Development Innovation Review. Federal Reserve Bank of San Francisco. Available from: https://www.frbsf.org/community-development/publications/community-development-investment-review/2018/october/arts-culture-and-community-mental-health/
[9] Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review [Internet]. Copenhagen: WHO Regional Office for Europe; 2019. 2. RESULTS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK553778/
[10] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.

Figure 5: Farmworker housing burden by work location (from 2016 Agricultural Workforce Housing Needs Assessment)

	Work in Northern Region	Work in Southern Region
Number of Respondents	149	159
Live in Same Region	97.3%	90.4%
Live with Family	78.5%	54.4%
Households Facing Cost Burden	40.6%	15.0%
Households Facing Overcrowding	36.4%	48.1%
Median Rental Rate	$884	$400
Median Household Income	$30,000	$25,000

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The proposed project uniquely combines the healing power of the cultural arts and community connection with an array of formal clinical behavioral health practices. A mobile behavioral health resource that uses the cultural arts as a pathway to service adoption among farmworkers is without precedent. The project will also increase accessibility by providing services directly at 23 farms in the local area, rather than requiring farmworkers to travel to other nearby locations such as schools, community centers, or family resource centers.

Mobile health care is not new; Mobile Health Map estimates there are about 2,000 mobile clinics located across the U.S.[11] In many low-income countries, mobile vans have been used to reach geographically isolated communities. In the U.S., mobile health care models have been implemented to reach individuals who are underserved; however, most mobile health centers provide preventative and primary care, not behavioral health services, and do not focus on culturally responsive services.[12] Additionally, there is a gap in mobile health clinics that serve rural areas. The study of clinics participating in Mobile Health Map found that though mobile clinics operate all over the country, they are commonly located in densely populated cities and there is a lack of clinics in the rural parts of every state.[13]

Of 724 health clinics participating in Mobile Health Map, only 8% out of 724 clinics offered mental health services.[14] When mobile clinics do offer behavioral health services, they have tended to focus on crisis response or medication assisted treatment (MAT), not the full range of prevention, early intervention,

[11] Mobile Health Map. https://www.mobilehealthmap.org/
[12] Fernandez, Carlos. Innovative Mobile Clinics Serving Children and Families of Riverside County With Limited Access to Behavioral Health Services. American Journal of Psychiatry Residents' Journal 2016 11:10, 10-12. https://doi.org/10.1176/appi.ajp-rj.2016.111005; Heath, Sara. August 30, 2019. How Mobile Health Clinics Drive Care to Vulnerable Patients. Patient Engagement HIT. Xtelligent Healthcare Media. Accessed: https://patientengagementhit.com/features/how-mobile-health-clinics-drive-care-to-vulnerable-patients
[13] Malone NC, Williams MM, Smith Fawzi MC, Bennet J, Hill C, Katz JN, Oriol NE. Mobile health clinics in the United States. Int J Equity Health. 2020 Mar 20;19(1):40. doi: 10.1186/s12939-020-1135-7.
[14] Malone NC, Williams MM, Smith Fawzi MC, Bennet J, Hill C, Katz JN, Oriol NE. Mobile health clinics in the United States. Int J Equity Health. 2020 Mar 20;19(1):40. doi: 10.1186/s12939-020-1135-7.

treatment, and recovery that the proposed project will offer.[15] A recent exception was a mobile model focused on behavioral health that was implemented for veterans at the start of COVID-19, when the Department of Veterans Affairs (VA) deployed four mobile units in cities across the U.S. as part of its efforts to expand mental health care access, drive care coordination, and offer referral to other VA health options.[16]

Out of 291 mobile clinics participating in Mobile Health Map, 17% (n=45) listed migrant workers as one of their target populations.[17] However, few of these clinics are specifically designated to serve the farmworker population, and few offer behavioral health services.[18] In order words, some clinics serve multiple populations, including uninsured, low-income, homeless individuals in addition to migrant workers, such that services are not focused on the specific cultural and occupational factors that migrant workers face. For example, Ventura County has an MHSA Innovation project that is a Mobile Mental Health van, but its intent and target population is quite different from the proposed project in San Mateo County. While Ventura County's mobile mental health van does serve farmworkers, the target population is more broadly individuals who are unserved and underserved, particularly individuals who are homeless and living with mental illness, and the service focus is on responding to crises and providing short-term mental health interventions.[19] In Oregon, La Clínica established community health centers in 1989 to serve Oregon's migrant farmworker population, but they do not include behavioral health services.[20] A mobile health clinic for farmworkers in the Coachella Valley provided services that were accessible in terms of schedule, but also did not include behavioral health services.[21]

There are several mobile clinics that are specifically for the farmworker population and include behavioral health services: a mobile clinic that serves farmworkers in Oregon that offers only tele-behavioral health services;[22] a CommuniCare Mobile Medicine Team that serves migrant communities in Yolo County and provides physical and dental health as well as behavioral health;[23] and mobile health clinics run by Central City Community Health Center in Southern California, which provide health and behavioral health services to agricultural workers, largely at elementary schools or family resource centers, at least one at a farm.[24] These programs differ from the proposed project in important ways in terms of approach and services, in that the proposed project is centered on a model that combines cultural arts practices with clinical behavioral health services, and will deliver services directly onsite to farmworkers and their families at 23 farms, rather than more traditional behavioral health services with mobile vans that visit other locations such as schools or family resource centers.

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[15] California Health Care Foundation. February 11, 2022. Behavioral Health Mobile Crisis Response Services in Medi-Cal. https://www.chcf.org/project/behavioral-health-mobile-crisis-response-services-medi-cal/; Gibbons JB, Stuart EA, Saloner B. Methadone on Wheels—A New Option to Expand Access to Care Through Mobile Units. JAMA Psychiatry. 2022;79(3):187–188. doi:10.1001/jamapsychiatry.2021.3716; Kevin Wenzel, Marc Fishman, Mobile van delivery of extended-release buprenorphine and extended-release naltrexone for youth with OUD: An adaptation to the COVID-19 emergency, Journal of Substance Abuse Treatment, Volume 120, 2021, 108149, ISSN 0740-5472, https://doi.org/10.1016/j.jsat.2020.108149.

[16] U.S. Department of Veterans Affairs, Office of Public and Intergovernmental Affairs. March 30, 2020. VA deploys Mobile Vet Centers to increase outreach during COVID-19 outbreak. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5407

[17] Malone NC, Williams MM, Smith Fawzi MC, Bennet J, Hill C, Katz JN, Oriol NE. Mobile health clinics in the United States. Int J Equity Health. 2020 Mar 20;19(1):40. doi: 10.1186/s12939-020-1135-7.

[18] Heath, Sara. August 30, 2019. How Mobile Health Clinics Drive Care to Vulnerable Patients. Patient Engagement HIT. Xtelligent Healthcare Media. Accessed: https://patientengagementhit.com/features/how-mobile-health-clinics-drive-care-to-vulnerable-patients

[19] https://mhsoac.ca.gov/sites/default/files/Ventura_INN_Plan_Mobile%20Health.pdf

[20] https://laclinicahealth.org/services/mobile-health/

[21] https://news.ucr.edu/articles/2020/07/02/mobile-clinics-can-help-address-health-care-needs-latino-farmworkers

[22] https://www.onecommunityhealth.org/laclinicamobile

[23] https://www.yolocounty.org/Home/Components/News/News/12965/4918

[24] https://centralcityhealth.org/migrant-seasonal-agricultural-worker-program-msaw/

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

BHRS conducted an extensive online search and literature reviews on comparable existing models. In addition, Ayudando Latinos A Soñar (ALAS), the organization that proposed the idea, spoke to San Mateo County officials, Stanford University Psychology academic researchers, and peer organization leaders on the California coast, all of whom confirmed that the proposed model of mental health service delivery has not been tried in a behavioral health setting. While ALAS provides behavioral health and cultural arts-centered services to the Latinx community in its brick-and-mortar location, the model has not been applied or tested in a mobile setting nor exclusively with the farmworker community. ALAS Executive Director, Dr. Belinda Hernandez Arriaga–a mental health care professional by training, Assistant Professor, MFT, at the University of San Francisco–has not encountered this particular model of mental health support for Latinx farmworkers in her professional experience. Demonstrating industry support for this model, ALAS has received funding for a mobile bus from Biotech companies including Life Science Cares, Gilead, Genentech, and AbbVie.

In addition to the important differences in the program model described in the previous question, there are gaps in the literature on the effectiveness of mobile health models, with most studies focusing on physical health outcomes[25] or outcomes for clients diagnosed with a serious mental illness (SMI).[26]

There is little research on the effectiveness of cultural arts practices in addressing behavioral health in any setting, and no research on its effectiveness in a mobile setting specifically with the farmworker population. There are also gaps in the literature and practice of what characterizes farmworker mental health. For example, what does mental health look like to farmworkers, and how does it differ from DSM definitions of mental health conditions? This project offers the opportunity to better understand the wellness, health, survival, and the stress of the economics for the farmworker population. The project also offers the opportunity to examine what farmworker preferences are for behavioral health services. What services do they find most beneficial tele-behavioral health, in-person counseling, group counseling? This project will be highly participatory in that it will seek consumers' input and feedback on the types of services offered. In sum, this project will **research and create best practices for providing behavioral health services in a farmworker setting.**

[25] Studies on the impact of mobile health clinics on physical health include:
https://www.mobilehealthmap.org/impact-report
https://www.mobilehealthmap.org/Research_Publications
https://www.mobilehealthmap.org/sites/default/files/uploads/literature%20review%202017.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5670702/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7085168/

[26] Studies on mental health impacts have largely been in other countries and have focused more on clients with serious mental health conditions:
In Greece: https://www.psychiatriki-journal.gr/documents/psychiatry/Peritogiannis%202022_Special%20%20article_Pre%20Proof.pdf
In Haiti: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0199313

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The project's learning goals and the reasons for their prioritization are as follows.

1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?
    a. *Reason*: The primary purpose of this project is to increase access to underserved populations. Therefore, one of the primary learning goals is to understand the extent to which the practice of mobile behavioral health services expands access and utilization of services among the focal population.
2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?
    a. *Reason*: one of the key components of the innovative programming is the integration of cultural arts with clinical services. Over the course of the INN project, the goal is to understand the effectiveness of this approach in attracting participation and in improving outcomes among the Latinx farmworker population.
3. What are the needs and **best practices** to support farmworker behavioral health?
    a. *Reason*: This project offers the opportunity to understand more deeply the needs of and best practices to support farmworker behavioral health, a topic about which there has not been in-depth research. Understanding needs and best practices will enable this and other projects to be tailored to the specific needs of such an underserved population.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The table below describes the gaps in literature and practice and the new practices that the proposed learning goals will address.

Gaps in the literature and practice	Proposed intervention and opportunities for learning	Learning Goal
There is limited data on utilization of mobile behavioral health services among farmworkers	Study the extent to which mobile behavioral services are accessible and utilized by farmworkers	1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?

There is no documented practice of using cultural arts integrated with clinical behavioral health services in a mobile model	Apply an integrated model of cultural arts and clinical behavioral health services in a mobile setting, and study perceived improvements in behavioral health/emotional wellness and stigma	2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?
There is limited data on the behavioral health needs and service priorities of farmworkers	Engage farmworkers in identifying and informing behavioral health interventions and gather qualitative and quantitative data on their effectiveness	3. What are the needs and **best practices** to support farmworker behavioral health?

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

An independent evaluation consultant will be contracted and monitored by the MHSA Manager in collaboration with the BHRS program monitor to formally evaluate the innovation project. The following depicts a rough evaluation plan given that the consultant will be hired after the project is approved. A Theory of Change, Appendix 1. was also developed to support the evaluation and learning plan.

Learning Goal	Potential Measures	Potential Data Sources
1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?	✓ Number and percent of farmworkers/families served by mobile service compared to baseline data on service utilization ✓ Number of farmworkers/families linked by mobile service to behavioral health services ✓ Percent decreased stigma and increased knowledge about available behavioral health resources	✓ Baseline data: intake forms asking about health care utilization; 2019 HCH/FH data on SMMC utilization ✓ Utilization data: program records of numbers served and linkages to BHRS ✓ Perceptions of access: verbal surveys and/or interviews with farmworkers/families
2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?	✓ Number of clients participating in cultural arts activities ✓ Percent of clients satisfied with cultural arts activities and behavioral health services	✓ Program records on numbers served ✓ Verbal surveys and/or interviews with farmworkers/families

	✓ Percent of clients experiencing increased protective factors and improved behavioral health outcomes	✓ Intake assessment and 3- and 6-month follow-up assessments by clinician ✓ Interviews or focus groups with program staff
3. What are the needs and **best practices** to support farmworker behavioral health?	✓ Most commonly identified behavioral health symptoms and causes ✓ Most highly rated program components ✓ Program modifications made over time in response to client and staff feedback	✓ Verbal surveys and/or interviews with farmworkers/families ✓ Interviews or focus groups with program staff ✓ Verbal surveys and/or interviews with farmworkers/families ✓ Intake assessment and 3- and 6-month follow-up assessments by clinician

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

All BHRS service agreements (contracts, MOU's) are monitored by a BHRS Manager that has the subject matter expertise. Contract monitors check-in at least monthly with service providers to review challenges, successes, troubleshoot and stay up-to-date on the progress of the project. Additionally, reporting deliverables are set in place in the agreements and linked to invoicing. Payments of services are contingent on the reporting. Evaluation contracts are monitored in a similar fashion by the MHSA Manager in collaboration with the assigned BHRS Manager.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. One of the San Mateo County's MHSA Three-Year Plan prioritized strategies includes to increase culturally focused community engagement and create culturally responsive and trauma-informed systems. The Mobile Behavioral Health Services for Farmworkers project addresses this priority. Appendix 2 describes the Three-Year Plan CPP process and all priorities for San Mateo County.

Between February and July 2022, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas.

- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
    - Announcements at numerous internal and external community meetings;
    - Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
    - E-mails disseminating information to over 3,000 stakeholders;
    - Word of mouth on the part of committed staff and active stakeholders,
    - Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, the monthly BHRS Director's Update.
- ✓ June-July 2022: As part of the outreach strategy, BHRS held an online information session. BHRS also held a session on "online research" to provide submitters with tips for how to search online for data and research for their submission. These were recorded and available on the MHSA website. The submission window was open for six weeks in June and July. Throughout that time, BHRS held technical assistance/support sessions that potential submitters could join to talk through aspects of their idea. Submitters were highly encouraged to attend a support session.
- ✓ July-August: BHRS received 19 ideas. All submitted ideas were pre-screened against the Innovation requirements, and 14 ideas moved forward to review. BHRS created a selection workgroup of four people, including BHRS staff, nonprofit providers, and people with lived experience, who reviewed proposals and scored them based on the identified criteria. BHRS also conducted an internal feasibility review that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). From there, four INN ideas moved forward to develop into full INN project proposals for approval by the MHSOAC.
- ✓ On October 6, 2022, the MHSA Steering Committee met to review the four project ideas and provide comment and considerations for the projects through breakout room discussions and online comment forms.
- ✓ The Behavioral Health Commission voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022. No substantive comments were received.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) **Community Collaboration**. The planning of the project was community-driven in that the idea was proposed by ALAS based on direct feedback their organization heard from interfacing with the farmworker community. The project will collaborate closely with farmworkers, community-based organizations, and San Mateo County BHRS to share information and resources and to increase access to services and supports.

B) **Cultural Competency**. The project is rooted in cultural values and the understanding that cultural identification is a key protective factor for immigrants, particularly those who have had extensive loss in their home countries and may have experienced traumatic migratory journeys. The project will center culturally-specific programming, which blends cultural arts and clinical behavioral health services. All project staff identify as Latinx and are Spanish-speaking. The project will also staff a social worker with lived experience of coming from a farmworker family.

C) **Client/Family-Driven**. The proposed project resulted from feedback that ALAS received from the Latinx farmworker community with which they work. The project will continue to seek feedback from farmworkers/families through surveys and informal conversations about what types of services they like, do not like, and want to see more of. The types of cultural activities will be selected based on client preferences and input, and the program will regularly review client feedback to make continuous improvements.

D) **Wellness, Recovery, and Resilience-Focused**. As described above, the cultural arts model was developed with wellness, recovery, and resilience as the primary foci. Cultural arts build wellness by processing unaddressed grief and trauma, and in doing so, promote recovery from depression, anxiety, and maladaptive coping strategies such as substance misuse. The cultural arts activities are sequenced in such a way that they begin with an activity that is easy to engage with and not directly related to behavioral health, but through the activity, participants are able to access and process emotions that they otherwise might have not been willing to. The activity culminates by emphasizing participants' resilience in body, mind, and spirit by helping them touch into their capacity to face challenging circumstances.

E) **Integrated Service Experience for Clients and Families**. The proposed project will support their connection to the greater County communities and resources, leading to improved wellness, recovery from trauma, and resilience as a result of increased connection to community resources. The project will leverage community partnerships with organizations serving the North Coast and will deepen collaboration with BHRS and community partners such as local libraries, community colleges, and adult education.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The evaluation contractor will engage the project advisory group of diverse clients, family members and providers to gather input on the evaluation questions, strategies and on quarterly progress reports. Cultural and language demographics will be collected and analyzed as part of the quarterly reports to ensure equal access to services among racial/ethnic, cultural, and linguistic populations or communities. The quarterly reports will be used to inform and adjust as needed the direction, outreach strategies and activities.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. Individuals with serious mental illness or others requiring ongoing behavioral health supports will be connected with the local BHRS clinic and/or existing local service providers.

If the evaluation indicates that the proposed project is successful and an effective means of promoting behavioral health, reducing behavioral health stigma and increasing access to behavioral health services for farmworkers/families and there is availability of Prevention and Early Intervention (PEI) funding, a proposal of continuation would be brought to the MHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to secure ongoing MHSA funding.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription

feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

The BHRS Director's Update is published the first Wednesday of every month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the quarterly MHSA Steering Committee meetings; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will also be sought.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

a. Farmworker behavioral health
b. Farmworker mental health
c. Mobile behavioral health services
d. Cultural arts and behavioral health
e. Cultural arts and farmworkers

TIMELINE

A) **Specify the expected start date and end date of your INN Project**: July 1, 2023 – June 30, 2027

B) **Specify the total timeframe (duration) of the INN Project**: 4 years (3 years of services, 6 months start-up, 6 months post eval)

C) **Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.**

Quarter	Key Activities, Milestones, and Deliverables
Mar-Jun 2023	• BHRS Administrative startup activities – procurement and contract negotiations •
July-Dec 2023	• Hire and train staff • Convene project advisory board • Determine schedule of programming • Develop intake, assessment, and referral forms • Set up infrastructure for implementation/ evaluation and referral system and resources • Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools
Jan-Mar 2024	• Begin signing farmworkers up for behavioral health services • Begin delivering behavioral health services and cultural arts activities • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2024	• Continue outreach and programming • Data tracking and collection

	• First 6 months post-launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2024	• Continue outreach and programming • Data tracking and collection
Oct-Dec 2024	• Continue outreach and programming • Data tracking and collection
Jan-Mar 2025	• Continue outreach and programming • Data tracking and collection • Sustainability planning begins
Apr-Jun 2025	• Continue outreach and programming • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jul-Sept 2025	• Continue outreach and programming • Initial sustainability plan presented, begin exploring options for sustainability • Engage MHSA Steering Committee and the Behavioral Health Commission on possible continuation of the project with non-INN funds
Oct-Dec 2025	• Continue outreach and programming • Data tracking and collection
Jan-Mar 2026	• Continue outreach and programming • Data tracking and collection
Apr-Jun 2026	• Continue outreach and programming • Data tracking and collection • Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jun-Dec 2026	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026
Jan-March 2027	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The total Innovation funding request for 4 years is $1,815,000, which will be allocated as follows:

Service Contract: $1,455,000
- $485,000 for FY 23/24
- $485,000 for FY 24/25
- $485,000 for FY 25/26

Evaluation: $145,000
- $50,000 for FY 23/24
- $40,000 for FY 24/25
- $40,000 for FY 25/26
- $15,000 For FY 26/27 (6mths)

Administration: $215,000
- $10,000 for FY 22/23 (4mths)
- $65,000 for FY 23/24
- $60,000 for FY 24/25
- $60,000 for FY 25/26
- $20,000 FY 26/27 (8 mths)

Direct Costs will total $1,455,000 over a three-year term and includes all contractor expenses related to delivering the program services (i.e., salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.). The current proposer has an existing mobile bus with ongoing maintenance and repairs funded by outside sources. The County will go through a local bidding process to identify a contractor that could provide direct mobile services onsite for farmworkers, the bus is not a required component of this INN project.

Indirect Costs will total $360,000

- $145,000 for an independent evaluation contract; with the final report due by December 31, 2026. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $215,000 for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

Federal Financial Participation (FFP) there is no anticipated FFP.

Other Funding: The County will go through a local bidding process to identify the contractor for direct services; the bidding process will inquire about any in-kind or other revenue sources that can be leveraged.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	**$10,000**	**$65,000**	**$60,000**	**$60,000**	**$20,000**	**$215,000**
4.	**Total Personnel Costs**						**$ 215,000**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	**Total Operating Costs**						**$**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs		**$485,000**	**$485,000**	**$485,000**		**$1,455,000**
12.	Indirect Costs		**$50,000**	**$40,000**	**$40,000**	**$15,000**	**$145,000**
13.	**Total Consultant Costs**						**$1,600,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$ 0**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$0**
	Direct Costs (add lines 2, 5, and 11 from above)		**$485,000**	**$$485,000**	**$485,000**		**$1,455,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$10,000**	**$115,000**	**$100,000**	**$100,000**	**$35,000**	**$360,000**
	Non-recurring costs (total of line 10)						**$0**
	Other Expenditures (total of line 16)						**$0**
	TOTAL INNOVATION BUDGET	**$5,000**	**$320,000**	**$300,000**	**$300,000**	**$15,000**	**$1,815,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$10,000	$550,000	$545,000	$545,000	$20,000	$1,670,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**						**$1,670,000**
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$50,000	$40,000	$40,000	$15,000		$145,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**						**$145,000**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds*	**$60,000**	**$590,000**	**$585,000**	**$560,000**	**$20,000**	**$1,815,000**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**						**$1,815,000**
*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting** **** If "other funding" is included, please explain within budget narrative.**							

APPENDIX 1. THEORY OF CHANGE

Theory of Change: Mobile Behavioral Health Services for Farmworkers

Primary Problem: High need and low access to behavioral health services for farmworkers and their families

Key Considerations (from the literature)

Social Determinants of Health (SDOH)

- Immigration and migration trauma
- Housing instability
- Economic instability and risk for exploitation
- Climate change

Behavioral Health

- Unmet behavioral health needs as a result of past and ongoing traumas

Awareness and Access

- Barriers to accessing care including work schedules, exhaustion, transport, health insurance, and stigma

Cultural Responsiveness

- There is a need for culturally responsive approaches to addressing the behavioral health needs of farmworkers and their families

Interventions

Farmworker Outreach and Linkage

- Farmworker outreach team visits farms
- Conduct assessments and case management
- Make linkages to mobile health bus and County behavioral health services

Mobile Health Bus

- Services meet farmworkers and families where they are and offer services at accessible times of day
- Telehealth and in-person behavioral health prevention, early intervention, treatment, and recovery services

Cultural Arts Practices

- Cultural arts activities to process the grief of migration and build community and protective factors

Outcomes

Access and Utilization

- More farmworkers/families are served by mobile bus compared to baseline
- Farmworkers/families are linked to behavioral health services
- There is decreased stigma and increased knowledge about behavioral health resources
- Clients report satisfaction with cultural arts activities and behavioral health services

Behavioral Health Outcomes

- Clients have increased protective factors and improved behavioral health outcomes

Best Practices

- The evaluation identifies common behavioral health symptoms and causes, and essential program components

Learning Objectives

Learning Goal #1

To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?

Learning Goal #2

How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?

Learning Goal #3

What are the needs and **best practices** to support farmworker behavioral health?

MHSA INN Primary Purpose

Increased access to behavioral health services

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
☑ Local Mental Health Board approval	Approval Date: December 7, 2022
☑ Completed 30 day public comment period	Comment Period: November 2, 2022 – December 7, 2022
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: TBD – tentatively February 28, 2023 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: February 23, 2023 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***	

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: December 21, 2022
Project Title: Music Therapy for Asians/Asian Americans
Total amount requested: $940,000 ($755K services, $110K admin, $75K eval)
Duration of project: 4 years (3 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ✓ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ✓ **Increases access to mental health services to underserved groups**
- ☐ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Asian Americans experience systemic and cultural stressors that negatively impact their mental health, but they often do not seek behavioral health services.[1] The National Anti-Asian American Racism Study found that those who reported experiencing discrimination reported more depression (a 155% increase), anxiety (93%), stress (94%), and physical complaints (78%) than those who did not.[2] Asian Americans reporting COVID-related discrimination were three times more likely to also report symptoms of post-traumatic stress disorder (PTSD) compared to those who did not report discrimination, even after accounting for pre-existing mental health diagnoses and lifetime report of discrimination.[3] On an interpersonal level, differences in acculturation in Asian families with immigrant parents and U.S.-born children are often linked to intergenerational conflicts—a national study of Asian Americans found that high levels of family conflict and perceived discrimination were independently associated with suicidal ideation and suicide attempts.[4] Yet, five national studies from 2012-2016 found that Asians were less likely than Whites to have accessed mental health treatment in the past year.[5]

In San Mateo County, Asians and Asian Americans make up 1 in 3 residents (31.8%), but only 2.6% of Asian/Pacific Islander adults used specialty behavioral health services and just 1.6% of Asian/Pacific Islander youth used specialty mental health services in fiscal year 2019-2020 – one of the lowest penetration rates by race/ethnicity in the county.[6] Many Asians and Asian Americans do not seek behavioral health services until they are in a crisis. In San Mateo County, the percent of suicide deaths by race/ethnicity showed an increase for Asians from 15% in 2019 for to 25% in 2020. While data was not broken down by Asian or non-Asian countries, suicide deaths by birthplace for 2020 showed an increase amongst individuals born in a country other than the United States (36.7% in 2020 vs. 15.0% in 2019).[7] The low likelihood of seeking services may be due to factors including stigma, limited English proficiency, lack of linguistically and culturally responsive providers and services, systemic barriers and more.[8]

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[1] Kelly Guanhua Yang, Caryn R. R. Rodgers, Esther Lee, and Benjamin Lê Cook. Disparities in Mental Health Care Utilization and Perceived Need Among Asian Americans: 2012–2016. Psychiatric Services 2020 71:1, 21-27. Retrieved from: https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900126

[2] Stop AAPI Hate Follow-Up Survey (Saw et al.), https://stopaapihate.org/mental-health-report/

[3] Hyeouk "Chris" Hahm, Ph.D., Yoonsook Ha, Ph.D., Judith C. Scott, Ph.D., Venissala Wongchai, BA, Justin A. Chen, MD MPH, Cindy H. Liu, Ph.D. 2020 COVID-19 Adult Resilience Experiences Study. https://stopaapihate.org/wp-content/uploads/2021/05/Stop-AAPI-Hate-Mental-Health-Report-210527.pdf

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2953852/

[5] Yang, Rodgers et al. Disparities in Mental Health Care Utilization and Perceived Need Among Asian Americans: 2012–2016.

[6] https://www.census.gov/quickfacts/sanmateocountycalifornia ; San Mateo County Behavioral Health and Recovery Services Cultural Competence Plan 2020-2021. https://www.smchealth.org/sites/main/files/file-attachments/final_smc_bhrs_ode_cultural_competency_plan_20_21.pdf?1642194379

[7] San Mateo County Suicide Prevention Roadmap 2021-2026. https://www.smchealth.org/sites/main/files/file-attachments/suicide_prevention_roadmap_2021-2026.pdf?1632941341

[8] Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and

In the 2020 San Mateo County Stigma Baseline Survey, Asian adults scored lower on the domains of "affirming mental health beliefs" and "mental health inclusive behavior" and "substance misuse inclusive behavior" compared to White and Latino/a/x adults, and lower on the "mental health knowledge" domain compared to White adults.[9] Compared to White and Latinx adults, a higher percentage of Asians/Asian Americans reported that they would feel ashamed if people knew about a family member with a mental health condition, and believed that a friend or family member would lose friends if people know about their mental health condition. A lower percentage reported having had a mental health problem, having skills to talk to a family member or friend about suicide, and being willing to spend an evening socializing with someone with a mental health condition.

Together, the behavioral health risks, low utilization, higher stigma around behavioral health, and lack of culturally responsive approaches to engage the Asian/Asian American community point to a need for innovative ways to outreach to and support the behavioral health of Asian and Asian Americans.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The proposed project will provide music therapy for Asian/Asian Americans as a culturally responsive approach to reducing stigma, increasing behavioral health literacy, and promoting linkage to behavioral health services. Additionally, music therapy will enhance interpersonal skills and foster connectedness and unity across Asian/Asian American communities, thereby building protective factors that can prevent behavioral health challenges and crises.

> "Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives."[10]

Music therapy is a distinct therapeutic practice—differentiated from simply playing music in a group—as it is goal directed under five goal areas: social, emotional, cognitive, spiritual, and physical. Music therapists are specially trained to be mindful of music that could be triggering and to keep the group focused.

Mental Health Services Administration (US); 2001 Aug. Chapter 5 Mental Health Care for Asian Americans and Pacific Islanders. Available from: https://www.ncbi.nlm.nih.gov/books/NBK44245/

[9] Community Stigma Baseline Survey: Mental Health & Substance Misuse Knowledge, Beliefs & Behavior. September 2, 2020. https://smcbhrsblog.org/2020/09/02/community-stigma-baseline-survey-mental-health-substance-misuse-knowledge-beliefs-behavior/

[10] American Music Therapy Association. https://www.musictherapy.org/about/

Services

Trained music therapists, in partnership with peer workers and in consultation with behavioral health therapists, will provide goal-directed programming that offers opportunities for playing, creating, and discussing music using a variety of accessible instruments including percussion, melodic instruments, and instruments from Asian countries such as Tabla and Taiko. Services will be largely prevention-oriented, but staff will be trained to identify and refer individuals to behavioral health services as well as to respond to mental health crises.

Services will be geared toward individuals who could benefit from social emotional skills as a preventive measure, as well as individuals living with mild to moderate mental health and/or substance use conditions in an effort to prevent further behavioral health challenges or crises. Candidates for the program may have an interest in music; respond well to highly motivating, creative, or multi-sensory experiences; and have identified areas of growth in the goal areas supported by music therapy.

Services will integrate therapeutic and educational material. The table below summarizes the services, with additional detail provided below.

Service	Purpose	Facilitator	Schedule and participants
Music therapy group classes for children, youth, adults, and older adults	Goal-oriented space where participants will build social emotional skills through music	Music therapist	Once a week for 90 minutes, for a 6-8 week period, with a maximum of 10 participants per session • Young children – parents are welcome • Youth • Adolescents • Adult
Ongoing support groups (music-based) for youth, adults, and older adults	Verbal processing of issues participants want to discuss	Peer worker and a music therapist	Once a month for 90-120 minutes, with a maximum of 15 participants per session • Young children – parents are welcome • Children • Youth • Adult Participants in the support groups may or may not also be participating in the music therapy classes.
Intergenerational events/performances	Connectedness and cross-cultural community building	Music therapist and peer worker	Semi-annually, with participants from across the music therapy classes and support groups, as well as invitations to family, friends, and the wider community

Advisory Group

An advisory group of Asian/Asian American clients, family members and community leaders including representatives from the Chinese Health Initiative and the Filipino Mental Health Initiative will be

established early in the program start-up. The advisory group will inform all aspects of the Music Therapy program including program structure and activities, outreach strategies, evaluation and dissemination of the findings of the innovation. While the current components of the project were developed by a collaborative of clients, family members, and community leaders, Asian/Asian American communities will continue to play a critical role in the evolution of this project.

Outreach and referral

- Knowing that utilization of behavioral health services among Asians/Asian Americans is low, it is anticipated that outreach and engagement may be a challenge. The program will proactively outreach to Asian American service organizations to raise awareness about the program and eligibility and seek referrals. As the program gains traction, it is anticipated that word of mouth will support buy-in and engagement in the program over time.
- Given the low behavioral health service utilization, referrals to the program will most likely come from community-based organizations, faith-based organizations, word of mouth, and medical settings such as primary care doctors and hospitals that serve a large proportion of Asian/Asian American clients (e.g., El Camino Hospital in Redwood City, North East Medical Services in Daly City, Chinese Hospital in Daly City). Some potential clients may already be connected to mental health organizations such as NAMI and Heart and Soul, and outreach will be done to those organizations as well.

Access to services

- The program will provide services in-person in parts of San Mateo County where there are high concentrations of Asian/Asian American communities and where communities already gather. For example, services may be provided onsite at respected Asian/Asian American community-based organizations, faith-based organizations, senior housing, and central community locations such as libraries and parks.
- While the organization to deliver the program has yet to be selected, the music therapist, clinician, and peer worker will identify as Asian/Asian American and have experience working in Asian/Asian American communities. Classes and support groups will offer interpretation in common Asian languages spoken in San Mateo County (e.g., Chinese, Tagalog) and community events will have interpreters for these languages.

Intake and service planning

- Clients who are enrolled will meet with the music therapist for an intake appointment to identify the client's strengths and needs as they relate to musical preferences, musical background, musical skills, physical and cognitive abilities, including sensory processing issues or needs, and individual trauma history and trauma triggers.[11] Clients under age 16 will meet along with their parent or caregiver.
- Based on the client's trauma history and current functioning, the music therapist will determine whether it is appropriate for the client to participate in a group setting. If the client is appropriate for a group setting, the music therapist will collaboratively determine with the client whether they would like to participate in the music group therapy class, support group, or both.

[11] Dvorak, A. L.; Carvalho, S.; Rosey, C.; Welch, J.; Wierman, A.; Bernard, G.; Steele, K.; Silverman, M. J. (2021). Music Therapy for Adults with Mental Health and Substance Use Conditions. American Music Therapy Association. https://www.musictherapy.org/assets/1/7/FactSheet_Music_Therapy_for_Adults_with_Mental_Health_and_Substance_Use_Conditions_2021.pdf ; Halverson-Ramos, F.; Breyfogle, S.; Brinkman, T.; Hannan, A.; Hyatt, C.; Horowitz, S.; Martin, T.; Masko, M.; Newman, J.; Sehr, A. (2019). American Music Therapy Association. Music Therapy in Child and Adolescent Behavioral Health. https://www.musictherapy.org/assets/1/7/FactSheet_Music_Therapy_Child_Adolescent_Behavioral_2019.pdf

- For participants in the music group therapy classes, the music therapist will follow up individually with each client one time during the 6-8 week class session to assess the client's progress, understand their experience in the program, and discuss whether the client would like to join the support group if they have not already. At the end of the class session, the music therapist will have an exit session with the client to understand what changes clients have experienced as a result of the program and to discuss the client's service plan (e.g., if the client would like to continue in the next class session or join the support group).
- For participants in the support groups, the music therapist will follow up with clients on a quarterly basis.

Program content

- **Music therapy group classes.** The music therapy classes will be client-directed—at the start of each class series, the music therapist will work with class participants to select the types of work they would like to do together. The classes could be project-based, where participants may choose to work toward a goal such as a performance or creating a music video. Classes will also include an educational component, where music therapists will share information about music from different cultures and about mental health literacy. The classes will use the four main methods of music therapy:
    - Creative - client preferred music active music making
    - Receptive - client preferred music to engage in discussion
    - Improvisation - improved music, active music making (e.g., a drum circle)
    - Composition - create or rewrite client preferred songs
- **Music therapy support groups.** The support groups will focus on building connectedness and empathy among participants. The support groups will be client-centered based on topics and issues that participants want to discuss. For example, a client grieving over losing a loved one could use the music therapy group to help them process that grief during the group and teach them what they can take home to continue processing their grief. A client may also feel very stressed or depressed and the music can help uplift their mood during the class and teach them skills that they can use on an ongoing basis to address symptoms of anxiety and depression.
- **Intergenerational events/performances**. At the end of each class series, the participants will have the option of participating in a performance where each group shares the project they worked on during the class. The event will bring together age groups and also offer an opportunity to invite members outside of Asian/Asian American communities to promote shared learning and empathy across cultures.

Program staff:

- Trained music therapist as lead facilitator for classes and support groups
- Behavioral health clinician to help design/shape the group and to provide additional support to participants for whom issues arise during the groups (e.g., higher level of behavioral health care needed or behavioral health crisis)
- Peer worker who has graduated from music therapy class as a peer worker supporting the music therapist running the group

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Music therapy is a well-suited approach as it provides an avenue for expression in a population where there is often discomfort talking directly about behavioral health. Because music is highly valued in Asian cultures, music therapy may be more accepted than traditional psychotherapy[12] and can serve as an entry point to learning about behavioral health and getting connected to other behavioral health services as needed.

Music therapy is an established modality that is offered in behavioral health and non-behavioral health settings, with adults and children. In behavioral health settings, music therapists serve individuals with mental health and/or substance use issues to enhance social, interpersonal, affective, cognitive, and behavioral functioning. Music therapists work in treatment and community-based settings. Research indicates that music therapy promotes relaxation, verbalization, interpersonal relationships, and group cohesiveness, and can serve as a non-threatening entry point for processing symptoms, including symptoms resulting from trauma.[13]

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The music therapy classes and support groups will annually serve 250 unduplicated Asian/Asian American residents of San Mateo County, inclusive of East Asian, South Asian, and West Asian community members, and all age groups across the lifespan.

- 12 Classes – up to 120 duplicated participants annually
    - Four classes will run three times per year, one for each age group (children, youth, adolescents, and adults/older adults). There will be a maximum of 10 participants per class session, but some participants may choose to enroll multiple times per year.
- 24 Support Groups – up to 360 duplicated participants annually
    - Four support groups will run every other month based on age group (children, youth, adolescents, and adult/older adult). There will be a maximum of 15 participants per support group. It is estimated that participants will attend four support groups per year and about 75% will also participate in music therapy classes.
- 2 Intergenerational Performances – reach of approximately 100 community members annually
    - Two performances per year (~50 audience members per performance)

[12] Athena Music & Wellness Therapy. Music Therapy: A New Avenue for Asian-American Mental Health. January 4, 2021. https://athenamwt.com/2021/01/music-therapy-a-new-avenue-for-asian-american-mental-health/

[13] American Music Therapy Association. Music Therapy Interventions in Trauma, Depression, & Substance Abuse: Selected References and Key Findings.https://www.musictherapy.org/assets/1/7/bib_mentalhealth.pdf

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Nearly two-thirds (31.8%) of the San Mateo County population identify as Asian—about 238,000 people. Just over half (53%) of the Asian population is female.[14] Chinese and Filipinx populations make up the largest shares of the Asian American and Pacific Islander (AAPI) population in San Mateo County—about one-third (34%) of San Mateo County's AAPI population is of Chinese ancestry, followed by 27% with Filipinx ancestry (see Figure 1).[15] Other than English, Chinese and Tagalog are the second and third most prevalent languages spoken in the county (with Spanish being the first).[16] China/Hong Kong and the Philippines are also among the top five countries of birth among undocumented immigrants in San Mateo County.[17]

Figure 1: Bay Area Equity Atlas, AAPI ancestry as a share of the total AAPI population by county, 2019

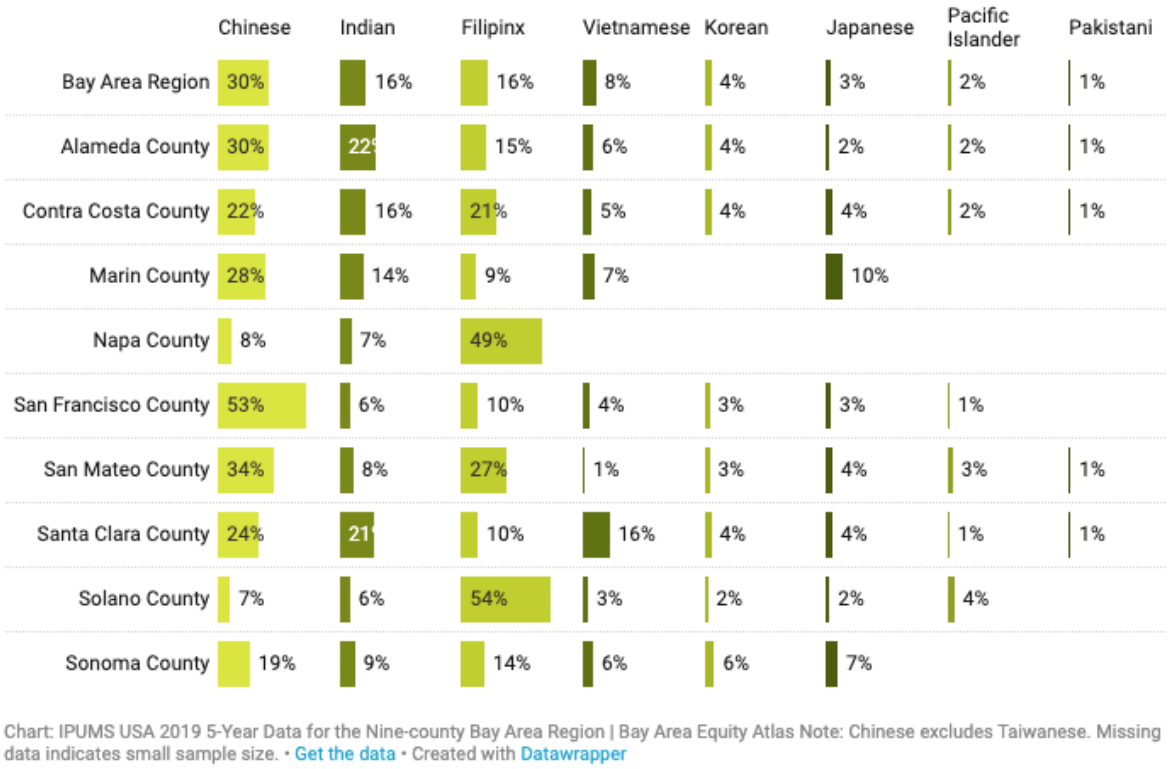


Chart: IPUMS USA 2019 5-Year Data for the Nine-county Bay Area Region | Bay Area Equity Atlas Note: Chinese excludes Taiwanese. Missing data indicates small sample size. • Get the data • Created with Datawrapper

[14] San Mateo County All Together Better. Asian Population. https://www.smcalltogetherbetter.org/?module=demographicdata&controller=index&action=view&localeId=278&localeTypeId=0&tagFilter=0&id=1506

[15] Bay Area Equity Atlas. Bay Area API Diversity. https://bayareaequityatlas.org/BayArea-API-diversity

[16] San Mateo County Language Access Policy. https://www.smcgov.org/media/20846/download?inline=#:~:text=Collectively%2C%20county%20residents%20speak%20more,Tagalog%2C%20Russian%2C%20and%20Arabic.

[17] Migration Policy Institute. Profile of the Unauthorized Population: San Mateo County, CA. https://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/6081

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The proposed project is distinct in key ways from other music therapy programs:

Other programs	Proposed project
Have focused on specific sub-ethnic groups, but not targeted to Asians/Asian Americans as a broader population	Applies music therapy in a behavioral health setting for the Asian/Asian American community across ethnic groups and languages
Usually focus on a specific age group, such as adults or youth	Will have classes and groups for all age groups from children through older adults, along with intergenerational events
Usually provide one type of service	Includes classes, support groups, and performances/events

A somewhat similar approach has been used by a hip hop therapy program for youth in Oakland called Beats Rhymes and Life.[18] The proposed project is different in that it focuses on a different population, the Asian/Asian American Community, is for all age groups not only youth, incorporates ongoing support groups as a supplement to the music therapy and it is led by a trained music therapist, whereas Beats Rhymes and Life is not led by a trained music therapist.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

BHRS conducted an extensive online search and literature reviews on comparable existing models via Google, Google Scholar, PubMed, Journal of Music Therapy, and the American Music Therapy Association. There have been multiple studies on the effectiveness of music therapy, both in medical and behavioral health settings. As documented by the American Music Therapy Association, positive results of music therapy in the behavioral health field have been found through systematic reviews, meta-analyses, and experimental and quasi-experimental studies. For example, music therapy has been shown to be associated with improvements in mood among people with depression, in decreasing arousal due to stress, and increasing relaxation and energy level among clients with substance use conditions.[19] The Berklee School of Music also compiled research on the impacts of music on mental health.[20] While some research points to the effectiveness of using music to build resilience,[21] most outcome studies focus on music therapy with individuals who have an existing behavioral health condition, rather than in the area of prevention. Most

[18] Beats Rhymes and Life, Youth Services. https://brl-inc.org/youth_services/
[19] Music Therapy Interventions in Trauma, Depression, & Substance Abuse: Selected References and Key Findings. https://www.musictherapy.org/assets/1/7/bib_mentalhealth.pdf and Music Therapy in Mental Health— Evidence-Based Practice Support, https://www.musictherapy.org/assets/1/7/bib_psychopathology.pdf
[20] Berklee REMIX. Research on Music and Mental Health. https://remix.berklee.edu/mhi-music-mental-health/
[21] Nijs Luc, Nicolaou Georgia. Flourishing in Resonance: Joint Resilience Building Through Music and Motion. Frontiers in Psychology, vol 12, 2021. doi: 10.3389/fpsyg.2021.666702.

research was not specific to Asians/Asian Americans. The available literature on music therapy in Asian communities was specific to sub-ethnic groups, and found that music therapy has been effective in the South Asian community,[22] Korean adolescents and adults,[23] and outside the United States.[24]

The primary gap in the literature that this project seeks to address is the effectiveness of music therapy in the Asian/Asian American community more broadly. The project seeks to understand whether music therapy is effective in building unity and connection across ethnicities in the Asian/Asian American community, and in doing so, whether protective factors and emotional wellness increase. In addition to exploring the effects on behavioral wellness, the project seeks to understand whether the program improves behavioral health literacy and stigma reduction specifically among Asians/Asian Americans.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The project's learning goals and the reasons for their prioritization are as follows.

1. To what extent does music therapy promote **behavioral health literacy** and reduce behavioral health **stigma** among Asian/Asian Americans?
    a. *Reason*: Data show that behavioral health literacy is low and stigma is high among the Asian/Asian American community in San Mateo County. If music therapy is effective in improving behavioral health literacy and reducing stigma, it will indicate that the approach could be replicated outside San Mateo County and could be tried with other communities that tend to have higher behavioral health stigma.
2. To what extent does music therapy increase **linkages to behavioral health services** for Asian/Asian Americans?
    a. *Reason*: Asians/Asian Americans in San Mateo County have low utilization of behavioral health services, yet experience high risks of behavioral health challenges, particularly with the rise in anti-Asian violence with COVID-19. If the project works to increase linkages to behavioral health services, there are positive implications for music therapy as an entry point to behavioral health services.
3. To what extent is music therapy effective in promoting **protective factors** among Asian/Asian Americans?

[22] Swamy, Sangeeta, "Music, Myth and Motherland: Culturally Centered Music & Imagery" (2018). *Music Faculty Publications*. 17. https://scholar.valpo.edu/music_fac_pub/17
[23] Bong SH, Won GH, Choi TY. Effects of Cognitive-Behavioral Therapy Based Music Therapy in Korean Adolescents with Smartphone and Internet Addiction. Psychiatry Investig. 2021 Feb;18(2):110-117. doi: 10.30773/pi.2020.0155; Seung-A. Kim, Re-discovering voice: Korean immigrant women in group music therapy, The Arts in Psychotherapy, Volume 40, Issue 4, 2013, Pages 428-435, ISSN 0197-4556, https://doi.org/10.1016/j.aip.2013.05.005.
[24] Wang, J. , Wang, H. and Zhang, D. (2011) Impact of group music therapy on the depression mood of college students. *Health*, **3**, 151-155. doi: 10.4236/health.2011.33028

a. *Reason*: In addition to increasing knowledge, access, and linkages, the proposed project seeks to build protective factors by building community connections and offering a space to process emotions. This learning goal seeks to understand whether the program achieves its intended outcomes and has implications for replicating this program in other jurisdictions or with other populations.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The table below describes the gaps in literature and practice and the new practices that the proposed learning goals will address.

Gaps in the literature and practice	**Proposed intervention and opportunities for learning**	**Learning Goal**
There are gaps in literature and practice as it applies to the impact of music therapy on behavioral health literacy and stigma reduction in Asian/Asian American communities.	Integrate behavioral health education into music group therapy classes and support groups.	1. To what extent does music therapy promote **behavioral health literacy** and reduce behavioral health **stigma** among Asian/Asian Americans?
There is not research on whether music therapy is effective as an entry-point to clinical behavioral health services among Asians/Asian Americans.	Develop a process to identify individuals with behavioral health concerns and link them to behavioral health services.	2. To what extent does music therapy increase **linkages to behavioral health services** for Asian/Asian Americans?
There are gaps in literature and practice as it applies to music therapy programs for the Asian American community beyond interventions with a specific ethnic sub-group. There is not research on the extent to which music therapy builds community and protective factors.	Apply music therapy across ethnicities and age groups to understand successes and challenges in building unity and connection, and the extent to which participants experience positive changes as a result of unity and connection.	3. To what extent is music therapy effective in promoting **protective factors** among Asian/Asian Americans?

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

An independent evaluation consultant will be contracted and monitored by the MHSA Manager in collaboration with the BHRS program monitor to formally evaluate the innovation project. The following depicts a rough evaluation plan given that the consultant will be hired after the project is approved. A Theory of Change, Appendix 1. was also developed to support the evaluation and learning plan.

Learning Goal	Potential Measures	Potential Data Sources
1. To what extent does music therapy promote **behavioral health literacy** and reduce behavioral health **stigma** among Asian/Asian Americans?	✓ Percent of participants with increased knowledge about behavioral health ✓ Percent of participants with increased knowledge of where to go to seek support ✓ Percent of participants with a reduction in stigmatizing views about behavioral health	✓ Retrospective survey administered at end of group therapy classes and support groups (e.g., using behavioral health literacy and stigma scales) ✓ Interviews and/or focus groups with program participants and staff
2. To what extent does music therapy increase **linkages to behavioral health services** for Asian/Asian Americans?	✓ Number of linkages made to BHRS ✓ Number of referrals made to community-based behavioral health supports ✓ Number of participants who self-reported reaching out to behavioral health services and supports	✓ Program administrative records ✓ Retrospective survey administered at end of group therapy classes and support groups (asking whether clients were linked) ✓ Interviews and/or focus groups with program participants and staff
3. To what extent is music therapy effective in promoting **protective factors** among Asian/Asian Americans?	✓ Percent of participants that feel more connected to others in their community ✓ Percent of participants that feel more capable of facing challenges in their life ✓ Percent of participants that feel have more positive self-regard	✓ Retrospective survey administered at end of group therapy classes and support groups (e.g., using community cohesion and resilience scales) ✓ Interviews and/or focus groups with program participants and staff

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

All BHRS service agreements (contracts, MOU's) are monitored by a BHRS Manager that has the subject matter expertise. Contract monitors check-in at least monthly with service providers to review challenges, successes, troubleshoot and stay up-to-date on the progress of the project. Additionally, reporting deliverables are set in place in the agreements and linked to invoicing. Payments of services are contingent on the reporting. Evaluation contracts are monitored in a similar fashion by the MHSA Manager in collaboration with the assigned BHRS Manager.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects One of the San Mateo County's MHSA Three-Year Plan prioritized strategies includes to increase culturally-focused community engagement and create culturally responsive and trauma-informed systems. Music Therapy for Asians/Asian Americans addresses this priority. Appendix 2 describes the Three-Year Plan CPP process and all priorities for San Mateo County.

Between February and July 2022, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas.

- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
    - Announcements at numerous internal and external community meetings;

- Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
- E-mails disseminating information to over 3,000 stakeholders;
- Word of mouth on the part of committed staff and active stakeholders,
- Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, the monthly Director's Report

✓ June-July 2022: As part of the outreach strategy, BHRS held an online information session. BHRS also held a session on "online research" to provide submitters with tips for how to search online for data and research for their submission. These were recorded and available on the MHSA website. The submission window was open for six weeks in June and July. Throughout that time, BHRS held technical assistance/support sessions that potential submitters could join to talk through aspects of their idea. Submitters were highly encouraged to attend a support session.

✓ July-August: BHRS received 19 ideas. All submitted ideas were pre-screened against the Innovation requirements, and 14 ideas moved forward to review. BHRS created a selection workgroup of four people, including BHRS staff, nonprofit providers, and people with lived experience, who reviewed proposals and scored them based on the identified criteria. BHRS also conducted an internal feasibility review that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). From there, four INN ideas moved forward to develop into full INN project proposals for approval by the MHSOAC.

✓ On October 6, 2022, the MHSA Steering Committee met to review the four project ideas and provide comment and considerations for the projects through breakout room discussions and online comment forms.

✓ The Behavioral Health Commission voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022. All public comments received are included in Appendix 4.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) **Community Collaboration**. The planning of the project was community-driven in that the idea was proposed by a collaboration of the San Mateo County Behavioral Health & Recovery Services Office of Diversity & Equity's Chinese Health Initiative and Filipino Mental Health Initiative, collaboratives made up of county staff, partner agencies, clients, family members and community stakeholders, along with Creative Vibes Music Therapy, a Bay Area based music therapist who is Asian American. Chinese Health Initiative and Filipino Mental Health Initiative members will serve on the project advisory group, and Creative Vibes Music Therapy will serve as a consultant/subject matter expert for the program design. The project will also build relationships with Asian American community-based organizations and community leaders in San Mateo County to ensure services are designed and implemented in a way that best meets the needs of the community.

B) **Cultural Competency**. The project stemmed from the need for a more culturally responsive approach to behavioral health education and prevention for Asians and Asian Americans that would ameliorate stigma and other barriers to seeking services. The project uses music, which is highly valued in Asian cultures, as a method to engage people who might not otherwise engage in conversations about behavioral health and who might not otherwise seek services. While the organization to deliver the program has yet to be selected, it will be required that the music therapist, clinician, and peer worker be of Asian heritage and have experience working in Asian/Asian-American communities. Classes and support groups will offer interpretation in the common Asian languages spoken in San Mateo County (e.g., Chinese, Tagalog) and community events will have interpreters for these languages.

C) **Client/Family-Driven**. Through the intake and follow-up process, clients and families will be closely involved in identifying their own strengths and needs and determining which services they would like to receive. In addition, the music therapy classes themselves will be client-driven in that participants in the group will determine what type of music activities they want to engage in and what type of project or performance they would like to pursue. Additionally, a peer worker will co-lead the support groups.

D) **Wellness, Recovery, and Resilience-Focused**. Music therapy is an excellent modality to promote wellness in body, mind, and spirit as music engages people's senses, engages them cognitively in creating and discussing music, and connects people to their own spirituality. Through creating, playing, and discussing music, particularly music that is from participants' culture and ancestry, participants will be able to connect to a sense of hope and empowerment. The music therapy classes and support groups are also designed to strengthen participants' social connections and their sense of self-determination.

E) **Integrated Service Experience for Clients and Families**. The project will build connections with local Asian/Asian-American serving community-based organizations and community leaders. These organizations will create seamless referral pathways into the program. BHRS anticipates that most clients will not be engaged in county behavioral health services when they enter the program, but a key goal of the program is to build those connections by creating a pathway to link clients to behavioral health services as needed.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The evaluation contractor will engage the project advisory group of diverse clients, family members and providers to gather input on the evaluation questions, strategies and on quarterly progress reports. Cultural and language demographics will be collected and analyzed as part of the quarterly reports to ensure equal access to services among racial/ethnic, cultural, and linguistic populations or communities. The quarterly reports will be used to inform and adjust as needed the direction, outreach strategies and activities.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date.

If the evaluation indicates that the proposed project is successful and an effective means of promoting behavioral health, reducing behavioral health stigma and increasing access to behavioral health services for Asian/Asian Americans and there is availability of Prevention and Early Intervention (PEI) funding, a proposal of continuation would be brought to the MHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to secure ongoing PEI funding.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

The BHRS Director's Update is published the first Wednesday of every month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the quarterly MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will also be sought.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

a. Music therapy Asian American
b. Music therapy support group
c. Music therapy mental health
d. Music therapy mental health stigma

TIMELINE

A) **Specify the expected start date and end date of your INN Project**: July 1, 2023 – June 30, 2027

B) **Specify the total timeframe (duration) of the INN Project**: 4 years (3 years of services, 6 months start-up, 6 months post eval)

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Quarter	Key Activities, Milestones, and Deliverables
March -June 2023	• BHRS Administrative startup activities – RFP and contract negotiations •
July -Dec 2023	• Hire and train staff • Convene project advisory board • Determine schedule of programming • Design classes and support groups • Develop client intake and follow-up forms • Set up infrastructure for implementation/ evaluation and referral system and resources • Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools • Begin community outreach and begin signing clients up for classes/support groups to start in January
Jan-Mar 2024	• Launch music group therapy classes and support groups • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2024	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection • First 6 months post-launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2024	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection
Oct-Dec 2024	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection

Jan-Mar 2025	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection • Sustainability planning begins
Apr-Jun 2025	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jul-Sept 2025	• Continue outreach, programming, and linkages to behavioral health services • Initial sustainability plan presented, begin exploring options for sustainability • Engage the MHSA Steering Committee and Behavioral Health Commission on possible continuation of the project with non-INN funds
Oct-Dec 2025	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection
Jan-Mar 2026	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection
Apr-Jun 2026	• Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection • Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jun-Dec 2026	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026
Jan - March 2027	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The total Innovation funding request for 4 years is $940,000, which will be allocated as follows:

Service Contract: $755,000
- $255,000 for FY 23/24
- $250,000 for FY 24/25
- $250,000 for FY 25/26

Evaluation: $75,000
- $30,000 for FY 23/24
- $20,000 for FY 24/25
- $20,000 for FY 25/26
- $5,000 For FY 26/27 (6mths)

Administration: $110,000
- $5,000 for FY 22/23 (4mths)
- $35,000 for FY 23/24
- $30,000 for FY 24/25
- $30,000 for FY 25/26
- $10,000 FY 26/27 (8 mths)

Direct Costs will total $755,000 over a three-year term and includes all contractor expenses related to delivering the program services (salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total $185,000
- $75,000 for an independent evaluation contract; with the final report due by December 31, 2026. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $110,000 for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

Federal Financial Participation (FFP) there is no anticipated FFP.

Other Funding: The County will go through a local bidding process to identify the contractor for direct services; the bidding process will inquire about any in-kind or other revenue sources that can be leveraged.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	**$5,000**	**$35,000**	**$30,000**	**$30,000**	**$10,000**	**$110,000**
4.	**Total Personnel Costs**						**$ 110,000**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	**Total Operating Costs**						**$**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs		**$255,000**	**$250,000**	**$250,000**		**$755,000**
12.	Indirect Costs		**$30,000**	**$20,000**	**$20,000**	**$5,000**	**$75,000**
13.	**Total Consultant Costs**						**$830,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$**
	Direct Costs (add lines 2, 5, and 11 from above)		**$255,000**	**$250,000**	**$250,000**		**$755,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$5,000**	**$65,000**	**$50,000**	**$50,000**	**$15,000**	**$185,000**
	Non-recurring costs (total of line 10)						**$**
	Other Expenditures (total of line 16)						**$**
	TOTAL INNOVATION BUDGET	**$5,000**	**$320,000**	**$300,000**	**$300,000**	**$15,000**	**$940,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$5,000	$290,000	$280,000	$280,000	$10,000	$865,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**						**$865,000**
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$30,000	$20,000	$20,000	$5,000		$75,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**						**$75,000**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds*	**$35,000**	**$310,000**	**$300,000**	**$285,000**	**$10,000**	**$940,000**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**						**$940,000**
*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting** **** If "other funding" is included, please explain within budget narrative.**							

APPENDIX 1. THEORY OF CHANGE

Theory of Change: Music Therapy for Asians/Asian Americans

Primary Problem: High need for culturally responsive behavioral health services for Asians/Asian Americans

Key Considerations (from the literature)

Asian/Asian Americans Behavioral Health Challenges

- COVID-related anti-Asian discrimination has led to increases in post-traumatic stress disorder
- Intergenerational conflicts amongst Asian families are associated with suicidal ideation and attempts

Low Utilization of Services

- Asian/Asian Americans have low usage of specialty behavioral health services; often do not seek services until a crisis

Behavioral Health Stigma

- Asian adults scored lower on behavioral health stigma survey compared to White and Latino/a/x adults

Cultural Responsiveness

- There is a need for culturally responsive approaches to addressing the behavioral health needs of Asians/Asian Americans

Interventions

Group Music Therapy

- Professionally trained music therapists facilitate goal-driven music therapy group classes for Asian/Asian American children, youth, adolescents, and adults to express emotion nonverbally

Music-Based Support Groups

- Music therapist and peer worker facilitate support groups for Asian/Asian American children, youth, adolescents, and adults for verbal processing of issues that participants identify

Intergenerational Events

- Intergenerational music events/performances that invite the broader community

Behavioral Health Literacy and Linkages

- Behavioral health literacy incorporated into groups
- Providers make linkages to behavioral health services

Outcomes

Behavioral Health Literacy and Stigma

- Participants have increased knowledge about behavioral health
- There is a reduction in stigmatizing views about behavioral health

Access, Utilization, and Linkages

- Participants that know where to seek support
- Participants report they have reached out to behavioral health services
- Participants are linked to BHRS or CBOs

Protective Factors

- Participants that feel more connected to others in their community, are more capable of facing challenges, and have more positive self-regard

Learning Objectives

Learning Goal #1

To what extent does music therapy promote **behavioral health literacy** and reduce behavioral health **stigma** among Asian/Asian Americans?

Learning Goal #2

To what extent does music therapy increase **linkages to behavioral health services** for Asian/Asian Americans?

Learning Goal #3

To what extent is music therapy effective in promoting **protective factors** among Asian/Asian Americans?

MHSA INN Primary Purpose

Increased access to behavioral health services

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
☑ Local Mental Health Board approval	Approval Date: December 7, 2022
☑ Completed 30 day public comment period	Comment Period: November 2, 2022 – December 7, 2022
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: TBD – tentatively February 28, 2023 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: February 23, 2023 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***	

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: December 21, 2022
Project Title: Recovery Connection Drop-In Center
Total amount requested: $2,840,000 ($2.275M services, $340K BHRS admin, $225K eval)
Duration of project: 5 years (4 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ✓ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ✓ **Increases access to mental health services to underserved groups**
- ☐ Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

A report from the National Institute on Drug Abuse found that nationally, approximately half of the individuals who develop substance use challenges are also diagnosed with mental health challenges and around one in four individuals with serious mental illness (SMI) also have a substance use disorder (SUD).[1] The comorbidity of mental disorders and substance dependence is well-documented, and substance use is a risk factor and can contribute to the exacerbation and/or development of mental illness.[2]

In San Mateo County, a 2018 survey found that 18% of adults reported binge drinking at least once during the past 30 days.[3] The 2020 San Mateo County Community Stigma Baseline Survey found that more than one in ten San Mateo County adults (13%) reported ever having a substance misuse issue. Among those who ever had a substance misuse issue, a little over half (55%) sought treatment. Among those who sought substance use treatment, more than half (57%) agreed that it took a long time to begin seeking help.[4]

Substance use challenges accelerated during the COVID-19 pandemic: the County reported a 430% increase in overdose-related referrals to the County Health's Medication Assisted Treatment outreach/response team and a 21% increase in treatment of Opioid Use Disorder in the SMC Medical Center's Emergency Department since March 2020.[5] San Mateo County's 2019 Community Health Needs Assessment found that 47% of adults reported that they would not know how to access treatment for a substance use related issue, and an even higher percentage of Asian American adults (64%) who would not know how to access substance use treatment.[6]

There is a need to more effectively reach individuals with substance use challenges as a means to support their recovery and the exacerbation or development of mental health challenges. Far too often, individuals with substance use challenges or co-occurring substance use and mental health challenges, only receive support when they are in crisis, and that support is reduced once they are in a more stable situation. However, because recovery is not linear, many people experience struggles and relapse, and again find themselves in need of support. Without a community of support along the full continuum of a person's need

[1] NIDA. 2022, September 27. Part 1: The Connection Between Substance Use Disorders and Mental Illness. Retrieved from https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness on 2022, September 29

[2] Ross S, Peselow E. Co-occurring psychotic and addictive disorders: neurobiology and diagnosis. Clin Neuropharmacol. 2012;35(5):235-243. doi:10.1097/WNF.0b013e318261e193.

[3] San Mateo County Behavioral Health and Recovery Services Cultural Competence Plan 2020-2021. https://www.smchealth.org/sites/main/files/file-attachments/final_smc_bhrs_ode_cultural_competency_plan_20_21.pdf?1642194379

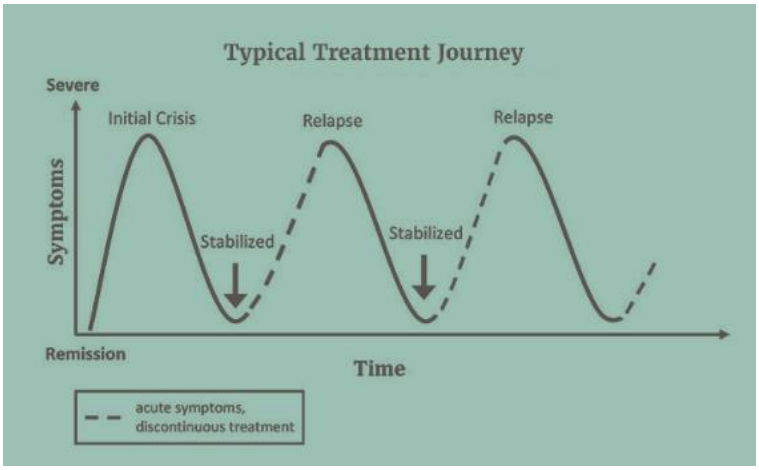
[4] Community Stigma Baseline Survey: Mental Health & Substance Misuse Knowledge, Beliefs & Behavior. September 2, 2020. https://www.smchealth.org/sites/main/files/file-attachments/s19713_smc_stigma_baseline_full_report_05_rv2.pdf?1616216764

[5] "San Mateo County Health Alert Highlights Pandemic's Impact on Mental Health and Substance Use." January 8, 2021. https://www.smcgov.org/media/4746/download?inline=

[6] Community Health & Needs Assessment 2019, San Mateo County: Major Findings. https://www.smcalltogetherbetter.org/content/sites/sanmateo/Reports/CHNA_2019_Major_Findings_Community_FINAL.pdf

for recovery support, many people are bound to experience a rollercoaster of crisis and stabilization (see Figure 1).

Figure 1: Diagram of typical treatment journey (from Recovery Cafe Network)



San Mateo County's existing services for individuals with substance use or co-occurring challenges require individuals to sign up for formal treatment or recovery services, and services are largely abstinence-based. As a result, the current service system does not reach individuals who may be thinking about recovery but do not know how or where to start and are hesitant about entering into formal recovery programs. There are currently no drop-in services in San Mateo County for individuals who have committed to their recovery and need a safe, welcoming place that offers free services and supports that help them sustain and enhance their recovery and get connected to other mental health supports. Given racial/ethnic disparities in knowledge, stigma, and engagement in behavioral health services, there is also a need to more effectively outreach to historically underserved populations regarding substance use supports, including Latinx, Asian American and Pacific Islander, and African American communities.[7]

The increasing substance use and co-occurring substance use and mental health challenges, access and stigma around seeking services and supports, lack of services for individuals who have not yet committed to recovery, and the clear understanding that substance use is a risk factor for the exacerbation and development of mental health challenges, point to a need for innovative ways to outreach to and provide supports for individuals with substance use challenges or co-occurring substance use and mental health challenges.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

[7] Community Stigma Baseline Survey, San Mateo County Behavioral Health and Recovery Services Cultural Competence Plan 2020-2021.

The proposed project is a culturally responsive "Recovery Connection" one-stop, drop-in, brick-and-mortar center for individuals with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery, from pre-contemplative to maintenance and enhancement. The Recovery Connection will 1) use a peer support model; 2) center around Wellness Recovery Action Plan (WRAP) programming; 3) provide linkages to more intensive behavioral health services as needed; and 4) expand capacity countywide for WRAP. The peer support model will emphasize individuals receiving free, non-treatment services and supports from peers with substance or co-occurring lived experience. WRAP programming will help individuals acquire tools and confidence to begin, maintain, and enhance their recovery; reduce drug and alcohol relapse; build a strong and positive social network; increase self-awareness; hold themselves accountable for their substance use; reduce anxiety, stress, and depression; increase their sense of hope and purpose. The Recovery Connection will also increase access to substance use treatment for individuals who need and are ready to enter treatment and will increase linkages to mental health treatment by engaging individuals who may have undiagnosed mental health challenges. Finally, the Recovery Connection will serve as a training center for to expand capacity countywide to use WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges.

Program model

Below are key tenets of the program model:

- **The Recovery Connection will be open to all**. The Recovery Connection culture will be free of judgement and will meet participants where they are in their recovery journey. The Recovery connection will be open to all adults 18+ with substance use challenges and ensure they are receiving and/or referred to the necessary mental health supports. The Recovery Connection recognizes that recovery is not linear, and that it is important to have an inclusive space. The Recovery Connection will cast a wide net to support, outreach to and welcome individuals in any stage of recovery, including individuals early in their intentions to recovery, individuals returning from residential treatment, sober living home residents, and individuals who have been in recovery for many years and are working to prevent relapse. The space itself will be a safe, clean and sober environment, but the doors will be open to all; participants will not be required to be clean and sober or be committed to abstinence, as long as their substance use does not result in disruptive behavior and unsafe space at the Recovery Connection for themselves or others. Staff/peer workers will be trained in harm reduction and safety procedures, including de-escalation training, and having Naloxone on hand to respond to potential overdoses.

- **The Recovery Connection will use a peer support model.** The peer support model recognizes that trained peers who have lived experience and are in recovery can more deeply understand the issues that participants are going through and are best positioned to support them with coaching, mentoring, and support. Recovery Connection programming will be led by peer coaches and facilitators, the majority of whom are Black, Indigenous, and People of Color (BIPOC), including Spanish-speaking peers, and have lived experience with the trauma of poverty and substance use and mental health challenges.

Services

The Recovery Connection will offer the following peer-based services in English and Spanish.

- **Evidence-based Wellness Recovery Action Plan (WRAP) workshops**. The Recovery Connection center will be centered around peer-led WRAP programming and all participants will begin with an eight-week WRAP group. WRAP emphasizes hope, personal responsibility, education, self-advocacy, and

support by supporting participants to develop a wellness toolbox; create daily plans to put wellness into practice in daily life; identify stressors and how to respond to them; identify early warning signs and proactive approaches to protect or restore wellness; identify signs that wellness is breaking down and actions to prevent a crisis; develop a personalized crisis plan; and create a post-crisis plan.[8] WRAP groups will build protective factors that will support participants in their recovery and may prevent the escalation of mental health challenges. The Recovery Connection center will offer different types of WRAP groups depending on the specific circumstances participants are experiencing (e.g., trauma, living alone). The Recovery Connection will offer at least 100 WRAP sessions per year.

- **Peer mentoring and coaching**. Peer mentors/coaches will provide one-on-one mentoring and coaching to encourage, motivate, and support participants. Peer mentors/coaches will support participants in setting recovery goals, developing WRAP plans, providing warm hand-offs to mental health and substance use treatment, finding sober housing, developing healthy peer relationships, improving job skills, and other supports.[9] The Recovery Connection will provide between 1,200-2,400 hours of one-on-one mentorship annually.

- **Linkages to mental health and substance use services.** Staff and peer workers will have developed partnerships with the behavioral health regional clinic(s), substance use treatment providers, the County's ACCESS behavioral health services referral team, and many other points of entry to both mental health and/or substance use services. Staff and peer workers will be trained to identify, in collaboration with participants, whether participants would benefit from substance treatment in outpatient or residential settings and will provide warm hand-offs. It is anticipated that a majority of participants will also have mental health challenges, whether diagnosed or unidentified or undiagnosed mental health challenges. As participants engage in WRAP and other Recovery Connection services, they will be better equipped to understand their triggers and thought patterns, and many will become more open to accepting that they have mental health challenges related to their substance use. Staff and peer workers will be trained to accompany participants through this delicate process and to link participants to specific mental health services as needed.

- **Health and mental wellness classes**. Staff and peer workers that will help you accomplish your goal of being healthy with an open discussion of various topics covering Health which refers to a state where the physical body is free from disease, and an active process of achieving your wellness an overall balance of your physical, social, spiritual, emotional, intellectual, environmental, and occupational well-being.

- **Job readiness and employment referral services**. Staff and peer workers will help with resume writing, computer courses with educational partners, volunteer services, and job employment and referral to other job opportunities.

- **Referrals and connection to resources**. The Recovery Connection center will collaborate with community partners to provide referrals and linkages to outside services such as housing, education, job training, and outside behavioral health services as needed.

- **Rewarding volunteer opportunities**. Participants will have the opportunity to volunteer depending on their interest and availability. Volunteering can range from one-time-only assignments to monthly,

[8] Wellness Recovery Action Plan. https://www.wellnessrecoveryactionplan.com/what-is-wrap/#:~:text=Wellness%20Recovery%20Action%20Plan%20(WRAP,your%20life%20and%20wellness%20goals
[9] SAMHSA. What Are Peer Recovery Support Services? https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4454.pdf

weekly, or daily volunteer activities to meet the goals, needs, and priorities of the Recovery Connection programming and peer success. Assignments might involve activities such as:

- Tabling and setting up for events
- Assisting with WRAP groups or health and wellness classes
- Making coffee and setting out snacks
- Administrative tasks
- Sharing a special skill or occupation
- Preparing materials or assisting with a program activity or event
- Mentoring side-by-side with another peer

- **WRAP Training.** The Recovery Connection will provide ongoing training to peers, clinicians, and paraprofessionals to expand capacity countywide for WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges. The Recovery Connection will offer the following trainings to increase the number of certified WRAP providers and to expand referral pathways and linkages to WRAP.
  - *Two-day WRAP orientation training*. This will be an informational training for peers, clinicians, and paraprofessionals who are new to WRAP and may be interested in becoming certified to facilitate WRAP groups with individuals who have substance use challenges or co-occurring substance use and mental health challenges. This training will be offered at least three times a year.
  - *Five-day WRAP certification training*. This training will cover the required material to certify peers, clinicians, and paraprofessionals to facilitate WRAP groups with individuals with substance use challenges or co-occurring substance use and mental health challenges. This training will be offered at least twice a year.
  - *Three-day WRAP certification refresher training*. Individuals who have been certified in WRAP must complete a refresher training every two years. This training will be offered at least once a year.
  - *Half-day WRAP overview training*. This informational training will be for staff and managers from systems outside of behavioral health that serve individuals with substance use challenges or co-occurring substance use and mental health challenges (e.g., Child Protective Services, Probation, and health and medical services). The training will provide information about WRAP, its purpose and benefits, and how to link potential clients to WRAP services. This training will be offered at least twice a year.

While the Recovery Connection center is a drop-in center and people will be able to participate without requirements to participate for a certain amount of time or in a certain number of activities, it is anticipated that the Recovery Connection's programming will engage people for at least several months at a time, rather than dropping in for only a few visits.

Access to services

The Recovery Connection drop-in center will be based in a central location between East Palo Alto and Belmont (e.g., Redwood City) that is accessible by public transportation, especially after-hours. The hours of operation will be from 10am-7pm, Monday through Friday, recognizing that most people need support after business hours. The program will continually consult with participants to assess whether hours of operation are meeting the needs of the population, and whether extended evening and/or weekend hours are needed. The center will collaborate with community partners and with existing substance use treatment providers in the community to publicize the drop-in center services and outreach to potential participants.

Assessment and service planning

Visitors to the Recovery Connection center will be invited to an informational meeting with a peer coach to learn about the center and its services. Once someone chooses to participate, they will complete an intake form and a recovery management plan. The intake form will ask individuals about their addiction and also include a simple co-occurring screening to support appropriate referrals, warm hand-offs and meet the MHSA SUD reporting requirements. The recovery management plan determines what types of services the individual needs and is interested in (e.g., mentoring, job skill development). All participants will begin their services with a WRAP group, which will also help inform additional services that would be a good match. If a participant would benefit from services outside of what is offered at the Recovery Connection center (e.g., residential treatment, mental health program, housing assistance, education), the center staff will assist with making those referrals and linkages.

Staff

- **Program Manager**: A Program Manager will design, develop, and oversee program implementation and daily operations and supervise staff.
- **Peer Staff**: Four full-time peer staff will provide direct services to participants, including facilitating WRAP workshops, providing job readiness and employment referrals, housing referrals, health and wellness classes, and volunteer opportunities.
- **Outreach Staff**: Four full-time outreach staff will target outreach to hard-to-reach populations, including those in the beginning of their recovery, as well as underserved populations, including Asian/Pacific Islanders, African Americans, and LGBTQIA+ populations.
- **Administrative Staff**: One full-time staff to greet and help complete intake forms, support administrative and data collection and entry.

Advisory Group

A small advisory group of clients, family members, and community leaders, including representatives from partner agencies will be established early in the program start-up. The advisory group will inform all aspects of the Recovery Connection program including the program structure and services, outreach strategies, evaluation, and dissemination of the findings of the innovation. Stakeholders will continue to play a critical role in the evolution of this project.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

The success of the Recovery Community Center (RCC)/Recovery Cafe model, which the proposed project will apply with modifications to the approach, services, and population, indicates that a similar model will be successful given the needs in San Mateo County. A long-term analysis of participants in RCCs observed

improvements in duration of abstinence, substance problems, psychological well-being, and quality of life.[10] A 2022 report found that houseless participants in Seattle's Recovery Café indicated positive outcomes resulting from sober social events; opportunities to give back through volunteerism; feelings of connectedness; and having a warm physical space where people feel safe and welcomed.[11] Seattle's 2019-20 Annual Report reported the following from their participant surveys:[12]

- 93% said that Recovery Café helped maintain their recovery
- 87% said that Recovery Café helped reduce drug relapse
- 78% said that Recovery Café helped stabilize their mental health
- 74% said that Recovery Café increased their sense of hope

The peer support model was chosen for the proposed project as SAMHSA (Substance Abuse and Mental Health Services Administration) promotes the peer model as an effective approach that fosters a shared understanding, respect, and mutual empowerment. In a SAMHSA report, "Value of Peers Infographic: Peer Recovery," evidence shows that the peer model improves relationships between providers and participants; increases services retention; reduces substance use; and decreases criminal justice involvement.[13]

Voices of Recovery San Mateo County (VORSMC), a San Mateo County peer-led recovery organization, has anecdotally seen the success of a peer support and peer-led WRAP model. VORSMC is one of the first organizations to use peer-led WRAP with individuals with substance use challenges and co-occurring substance use and mental health challenges. VORSMC has observed and heard from WRAP participants that WRAP has supported their recovery by improving their ability to understand their thought patterns and identify triggers; increasing their openness to participating in programs and services; and strengthening their sense of independence.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The project will serve an estimated 940 – 1100 participants each year through the weekly WRAP groups and health and wellness groups.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The Recovery Connection will serve adults with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery. This includes individuals who may have undiagnosed mental health conditions.

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[10] Kelly JF, Fallah-Sohy N, Cristello J, Stout RL, Jason LA, Hoeppner BB. Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. J Subst Abuse Treat. 2021 May;124:108287. doi: 10.1016/j.jsat.2021.108287. Epub 2021 Jan 13. PMID: 33771284; PMCID: PMC8004554.

[11] Mandy D. Owens, Caleb J. Banta-Green, Alison Newman, Rachel Marren & Ruby Takushi (2022) Insights into a Recovery Community Center Model: Results from Qualitative Interviews with Staff and Member Facilitators from Recovery Cafe in Seattle, Washington, Alcoholism Treatment Quarterly, DOI: 10.1080/07347324.2022.2088323

[12] Recovery Café, 2019-20 Annual Report. https://recoverycafe.org/blog/rc_report/2019-20-annual-report/

[13] SAMHSA. Peers Supporting Recovery from Substance Use Disorders. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

The project will specifically seek to reach individuals in the Latinx community, particularly immigrants whose second language is English and are very low- to low-income, predominantly male, and underemployed or unemployed and may be justice-involved. The program will also seek to reach other historically underserved populations, including Asian/Pacific Islanders, African Americans, low-income, LGBTQIA+, houseless, chronically unemployed, and justice-involved populations.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The Recovery Connection center will provide similar recovery services to Recovery Community Centers (RCCs) and the Recovery Café model, but with significant program and approach differences. The table below describes key differences in the proposed project compared to similar projects that have been implemented by other cities/counties or providers.

Existing programs	Proposed project
Alcoholics Anonymous and Narcotics Anonymous (AA/NA) are drop-in support groups that focus on staying clean and sober.	The Recovery Connection could serve as a hosting site for AA/NA meetings, but the focus of the Recovery Connection will be broader than being clean and sober; it will focus on long-term recovery and will offer multiple types of services.
The Recovery Community Center (RCC)/Recovery Café model tends to have membership requirements, including being clean and sober for 24 hours before entering, participating in at least one support group per week, and volunteering/supporting with café chores.	Participants will not have to meet any participation or membership requirements to come to the Recovery Connection. The Recovery Connection will welcome people at all stages of recovery, whether or not they are clean and sober, as long as their behavior is not disruptive.
Other recovery cafes tend to focus on individuals who are unhoused.	The Recovery Connection will provide access to all people in the community age 18+ with substance use challenges or co-occurring substance use and mental health challenges
Other recovery cafes do not center their service model around WRAP and do not have a system capacity-building focus.	The Recovery Connection will serve as a training center for professionals and paraprofessionals to expand capacity countywide to use WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges

The proposed project is also distinguished from state-funded programs: Full-Service Partnership (FSP) programs serve clients with serious mental illness (SMI), but FSPs are not drop-in centers; there is government funding through the Department of Health Care Services (DHCS) for drop-in services, but there have not been one-stop drop-in centers that are centered around peer-led WRAP programming and meet individuals where they are in terms of their recovery from substance use challenges or co-occurring substance use and mental health challenges.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

The proposed Recovery Connection center is a modification of the Recovery Community Center (RCC) and Community Café model. As such, BHRS conducted a review of similar programs and a literature review on the design and outcomes of RCCs/Community Cafes.

History of Recovery Community Centers and Recovery Cafes

Recovery Community Centers (RCCs) began around 2004 as part of the SAMHSA Recovery Community Services Program (RCSP). RCCs emerged to address the needs of people with substance use that are not addressed by formal treatment programs (such as residential or outpatient treatment) and mutual self-help groups (such as AA/NA). RCCs are community-based, peer-run organizations that offer resources support for individuals in any phase of substance use or recovery. Recovery Cafés are a type of RCC that was founded in Seattle in 2003.[14] The Recovery Café Network has since expanded to nearly 50 Recovery Cafés in North America, including the U.S. and Canada. Of these, some are considered "model" sites that have fully implemented the Recovery Café model, and some are "emerging." BHRS explored the program approaches and services of "model" sites including: Seattle (WA), San Jose (CA), Jefferson County (WA), Everett (WA), and Orting (WA).[15] Recovery Cafes also exist in Europe, and while there has not been a formal comparison, they appear to share similar principles.[16]

Service model of RCCs and Community Cafes

RCCs are community-based, peer-run organizations that serve individuals at any stage of recovery. They serve as a hub for peer support services and connections to community resources and typically provide services such as mentoring and coaching, connection to resources, educational groups, support groups (called Recovery Circles in the Recovery Café model), assistance with basic needs and social services (e.g., employment assistance, family support services, housing assistance, education assistance), sober social activities, and volunteer and service opportunities.[17,18] Recovery Circles are led by trained peers and offer non-clinical recovery support. Facilitators are peers who identify as being in recovery from a substance use condition or co-occurring substance use and mental health conditions. The original Seattle Recovery Café identified four research-based types of social support that it provides: [19]

- *Emotional—demonstrating empathy, caring, and concern to build a person's self-esteem;*
- *Informational—sharing knowledge and information to provide life and/or vocational training;*
- *Instrumental— providing concrete assistance to help people accomplish tasks; and*
- *Affiliational— facilitating contacts with other people to promote learning of social skills, create community, and instill a sense of belonging.*

[14] Owens and Banta-Green et al. (2022)
[15] Recovery Café Network. Our Model. https://recoverycafenetwork.org/our-model/
[16] Owens and Banta-Green et al. (2022)
[17] Hill, Tom. National Council for Behavioral Health. December 2020. Accessed at: http://www.recoveryanswers.org/assets/The-Origins-of-Recovery-Community-Centers.pdf; Recovery Research Institute. Recovery Community Centers. https://www.recoveryanswers.org/resource/recovery-community-centers/
[18] Kelly JF, Fallah-Sohy N, Vilsaint C, Hoffman LA, Jason LA, Stout RL, Cristello JV, Hoeppner BB. New kid on the block: An investigation of the physical, operational, personnel, and service characteristics of recovery community centers in the United States. J Subst Abuse Treat. 2020 Apr;111:1-10. doi: 10.1016/j.jsat.2019.12.009. Epub 2019 Dec 19. PMID: 32087832; PMCID: PMC7039941.
[19] Recovery Café Network. Our Model. https://recoverycafenetwork.org/our-model/

The Recovery Café model also aligns with the 10 SAMSHA-identified components of successful recovery programs: Self Direction, Individualized and Person-centered, Empowerment, Holistic, Non-Linear, Strengths-based, Peer Support, Respect, Responsibility, and Hope.[20]

Membership model

According to the Recovery Café model, participants become members and must meet the following membership requirements:

- Be drug- and alcohol-free for 24 hours before entering the cafe
- Attend a Recovery Circle each week
- Participate in cafe chores (cleaning, serving meals, etc.)

Gaps in literature and practice

The proposed Recovery Connection center has a similar vision and model to the RCC/Recovery Café model; however, there are significant differences in approach and execution as the Recovery Connection will not have the membership requirements that are the hallmark of the Recovery Café model; the Recovery Connection will not have café services; it will be centered around WRAP groups; and it will serve a broader population than is typically served. While there is literature on the effectiveness of RCCs/Recovery Cafes,[21,22] **given the differences in approach and services of the proposed Recovery Connection center, there are gaps in practice and literature in terms of:**

- Services and outcomes for individuals who may not be clean and sober at the time of their participation;
- Services and outcomes for individuals who may or may not be houseless
- Cultural relevance of services, and outcomes for, individuals from diverse racial/ethnic groups, Spanish-speaking individuals, and the LGBTQ+ community;
- Delivery and outcomes of a service model centered on WRAP.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The project's learning goals and the reasons for their prioritization are as follows.

1. Does a drop-in recovery center **increase access** to recovery services and mental health services and supports for individuals who were not previously engaged in services?
    a. *Reason*: Increasing access to services is the primary purpose of the proposed project. The project will seek to understand if a one-stop drop-in center that welcomes people at all stages

[20] Recovery Café Network. Our Model. https://recoverycafenetwork.org/our-model/
[21] Kelly JF, Fallah-Sohy N, Cristello J, Stout RL, Jason LA, Hoeppner BB. Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. J Subst Abuse Treat. 2021 May;124:108287. doi: 10.1016/j.jsat.2021.108287. Epub 2021 Jan 13. PMID: 33771284; PMCID: PMC8004554.
[22] Kelly JF, Stout RL, Jason LA, Fallah-Sohy N, Hoffman LA, Hoeppner BB. One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived From U.S. Recovery Community Centers. Alcohol Clin Exp Res. 2020 Mar;44(3):711-721. doi: 10.1111/acer.14281. Epub 2020 Feb 3. PMID: 32012306; PMCID: PMC7069793.

of recovery increases access to both substance use and mental health services for people who otherwise might not have sought services.

2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, mental wellness indicators and economic mobility?
    a. *Reason*: This learning goal seeks to understand the outcomes of the Recovery Connection center, and WRAP specifically, in supporting long-term recovery for individuals at all stages of recovery, and particularly individuals in the precontemplation or contemplation stages. Given that there has been limited research on the outcomes of using WRAP with individuals with substance use challenges and co-occurring substance use and mental health challenges, understanding the effectiveness of WRAP and other services will expand the research on WRAP and inform program learnings, improvements, and the potential to expand or replicate the program model.
3. Does training peer workers, clinicians, and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?
    a. *Reason*: In addition to improving access and outcomes for participants of the Recovery Connection itself, the project seeks to increase capacity in the county, among peer workers, paraprofessionals, and clinical professionals to use WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges. This learning goal will examine the extent to which the training has achieved that goal and any differences in experiences among the types of staff trained.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The table below describes the gaps in literature and practice and the new practices that the proposed learning goals will address.

Gaps in the literature and practice	**Proposed intervention and opportunities for learning**	**Learning Goal**
There is not research on the effectiveness of recovery cafes/centers in improving access and outcomes for diverse populations, particularly Latinx, Spanish-speaking populations, Asian/Asian American populations, African American populations, and LGBTQ+ individuals. In addition, there is not research on the extent to which recovery cafes/centers and WRAP improve access to both substance use and mental health services and behavioral health outcomes for people at	Implement a recovery community drop-in center that provides culturally responsive services to many different communities, regardless of housing status or point in their recovery journey.	1. Does a drop-in recovery center **increase access** to recovery services and mental health services and supports for individuals who were not previously engaged in services? 2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, mental wellness indicators and economic mobility?

all stages of recovery, particularly those in the precontemplation and contemplation stages, and for people who are not unhoused.		
There are gaps in practice and research in terms of training and expanding capacity to use WRAP with individuals with substance use challenges and/or substance use and mental health challenges.	Implement and study a training and capacity building initiative within the Recovery Connection center.	3. Does training peer workers, clinicians, and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

An independent evaluation consultant will be contracted and monitored by the MHSA Manager in collaboration with the BHRS program monitor to formally evaluate the innovation project. The following depicts a rough evaluation plan given that the consultant will be hired after the project is approved. A Theory of Change, Appendix 1. was also developed to support the evaluation and learning plan.

Learning Goal	Potential Measures	Potential Data Sources
1. Does a drop-in recovery center **increase access** to recovery services and mental health services and supports for individuals who were not previously engaged in services?	✓ Number and percent of participants who were not previously connected to substance use treatment or services ✓ Number of participants who report they would be unlikely to have accessed services outside of the drop-in center ✓ Proportion of participants from underserved populations compared to County-reported penetration rates by race/ethnicity	✓ Participant intake forms ✓ Participant surveys ✓ Participant focus groups and/or interviews ✓ Staff interviews and/or focus group ✓ BHRS service records
2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including	✓ Participant-reported length of time in recovery compared to previous lengths of recovery time, with goal of 60% increasing their length of recovery	✓ Participant intake and follow-up forms ✓ Participant surveys ✓ Participant focus groups and/or interviews

recovery time, number of relapses, mental wellness indicators and economic mobility?	✓ Participant-reported reduction in use of Alcohol and Other Drugs (AOD), with goal of 60% reducing AOD use ✓ Participant-reported changes in housing status, employment status, income, family and peer relationships, with goals of 65% reducing their involvement with the criminal justice system and 65% increasing their housing stability ✓ Participant reported quality of life, with goal of 65% improving their quality of life	✓ Staff interviews and/or focus group
3. Does training peer workers, clinicians, and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?	✓ Number of trainings held ✓ Number of people trained ✓ Types and demographics of people trained ✓ Proportion of trainees reporting increased knowledge and skills in WRAP ✓ Proportion of trainees reporting likelihood of using WRAP with clients	✓ Training post-surveys ✓ Staff/trainer interviews ✓ Community partner/trainee interviews

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

All BHRS service agreements (contracts, MOU's) are monitored by a BHRS Manager that has the subject matter expertise. Contract monitors check-in at least monthly with service providers to review challenges, successes, troubleshoot and stay up-to-date on the progress of the project. Additionally, reporting deliverables are set in place in the agreements and linked to invoicing. Payments of services are contingent on the reporting. Evaluation contracts are monitored in a similar fashion by the MHSA Manager in collaboration with the assigned BHRS Manager.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. One of San Mateo County's MHSA Three-Year Plan prioritized strategies includes to provide integrated treatment and recovery supports for individuals living with mental health and substance use challenges. The Recovery Connection Drop-In Center addresses this priority. Appendix 2 describes the Three-Year Plan CPP process and all priorities for San Mateo County.

Between February and July 2022, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas.

- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
    - Announcements at numerous internal and external community meetings;
    - Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
    - E-mails disseminating information to over 3,000 stakeholders;
    - Word of mouth on the part of committed staff and active stakeholders,
    - Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa and the monthly BHRS Director's Update www.smcbhrsblog.org
- ✓ June-July 2022: As part of the outreach strategy, BHRS held an online information session. BHRS also held a session on "online research" to provide submitters with tips for how to search online for data and research for their submission. These were recorded and available on the MHSA website. The submission window was open for six weeks in June and July. Throughout that time, BHRS held technical assistance/support sessions that potential submitters could join to talk through aspects of their idea. Submitters were highly encouraged to attend a support session.
- ✓ July-August: BHRS received 19 ideas. All submitted ideas were pre-screened against the Innovation requirements, and 14 ideas moved forward to review. BHRS created a selection workgroup of four people, including BHRS staff, nonprofit providers, and people with lived experience, who reviewed

proposals and scored them based on the identified criteria. BHRS also conducted an internal feasibility review that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). From there, four INN ideas moved forward to develop into full INN project proposals for approval by the MHSOAC.

- ✓ On October 6, 2022, the MHSA Steering Committee met to review the four project ideas and provide comment and considerations for the projects through breakout room discussions and online comment forms.
- ✓ The Behavioral Health Commission voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022. All public comments received are included in Appendix 4.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) **Community Collaboration**. The planning of the project was community-driven in that the idea was proposed by VORSMC based on direct feedback their organization heard from the recovery community. The Recovery Connection will collaborate closely with participants and family members, nonprofit organizations, and San Mateo County BHRS to share information and resources on recovery services and supports, and to create a seamless experience for participants as they navigate through a complex network of recovery services.

B) **Cultural Competency**. The Recovery Connection will provide culturally competent services with programs in Spanish for majority Latinx clientele and employ a peer-led recovery model with predominantly BIPOC staff who have lived experience with substance use, recovery, and mental health issues.

C) **Client/Family-Driven**. The Recovery Connection will center participants, empowering them to take responsibility for their substance use and learn to make choices in their lives to achieve and sustain their recovery. It will give participants choices in programs and services and help them understand those choices so they can take personal responsibility for their actions and investment in their own recovery on their own timeline. The evidence-based WRAP workshops enable participants to create an individualized plan to identify and understand their personal wellness goals and resources, focusing on their highest aspirations, whether related to housing, family life, employment, or any aspect of their life.

D) **Wellness, Recovery, and Resilience-Focused**. Through WRAP, peer-based services, and creating an uplifting environment that promotes recovery, the Recovery Connection will inspire wellness, recovery, mental and physical health, self-empowerment, hope, determination, connectedness, self-responsibility, friendship, and purpose.

E) **Integrated Service Experience for Clients and Families.** The Recovery Connection will conduct outreach and collaboration, and referrals and linkages, with existing substance use treatment providers in the community to bring participants in and refer them to external services and supports. For example, residential treatment programs can refer people to the Recovery Connection if there is a waitlist for beds so that people can come to the drop-in center while awaiting residential treatment.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The evaluation contractor will engage the project advisory group of diverse clients, family members and providers to gather input on the evaluation questions, strategies and on quarterly progress reports. Cultural and language demographics will be collected and analyzed as part of the quarterly reports to ensure equal access to services among racial/ethnic, cultural, and linguistic populations or communities. The quarterly reports will be used to inform and adjust as needed the direction, outreach strategies and activities.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program including opportunities for state or federal billing. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. Individuals with serious mental illness or others requiring ongoing behavioral health supports will be connected with the local BHRS clinic and/or existing local service providers.

If the evaluation indicates that the proposed project is successful and an effective means of supporting individuals with substance use or co-occurring challenges through their recovery and mental health needs, MHSA funding can be an option for sustainability, a proposal of continuation would be brought to the MHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to secure ongoing MHSA funding.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

The BHRS Director's Update is published the first Wednesday of every month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the quarterly MHSA Steering Committee meeting; at meetings with community partners and advocates; and internally with staff.

Opportunities to present at statewide conferences will also be sought.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

a. Recovery Cafe
b. Recovery Community Center
c. Peer-led recovery community center
d. Culturally responsive recovery community center
e. WRAP and substance use

TIMELINE

A) **Specify the expected start date and end date of your INN Project**: July 1, 2023 – June 30, 2028

B) **Specify the total timeframe (duration) of the INN Project**: 5 years (4 years of services, 6 months start-up, 6 months post eval)

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Quarter	Key Activities, Milestones, and Deliverables
Mar-Jun 2023	• BHRS Administrative startup activities – procurement and contract negotiations •
July-Dec 2023	• Project startup activities – Hire Program Director, identify location, purchase inventory/materials for the center, furniture/equipment, licensing, permits • Convene project advisory board

	• Develop client intake and follow-up forms • Set up infrastructure for implementation/ evaluation and referral system and resources • Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools • Begin enrolling clients to start in January
Jan-Mar 2024	• Onboarding of staff – training, relationship building, networking • Determine culturally appropriate outreach and engagement methods
Apr-Jun 2024	• Begin outreach and plan for soft launch • Determine schedule of programming, marketing, referral resources and tools • Finalize evaluation plan including data collection and input tools
Jul-Sept 2024	• Soft launch • Begin broader outreach and marketing • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Oct-Dec 2024	• Continue soft launch • Continue outreach and marketing • Data tracking and collection • First evaluation report presented to advisory group for input, adjustments to strategies, tools and resources as needed based on operational learnings to-date and quantitative data available.
Jan-Mar 2025	• Full launch • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Apr-Jun 2025	• First 6 months post-soft launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2025	• Sustainability planning begins • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Oct-Dec 2025	• Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Jan-Mar 2026	• Initial sustainability plan presented • Engage MHSA Steering Committee and MHSARC through MHSA Three-Year Community Program Planning (CPP) process on continuation of the project with non-INN funds • Continue outreach, programming, referrals and warm hand-offs
Apr-Jun 2026	• Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2026	• Identify sustainability options • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Oct-Dec 2026	• Continue outreach, programming, referrals and warm hand-offs

	• Data tracking and collection
Jan-Mar 2027	• Sustainability plan finalized • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Apr-Jun 2027	• Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection • Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jul-Dec 2027	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2027
Jan-Mar 2028	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

The total Innovation funding request for 4 years is $2,840,000, which will be allocated as follows:

Service Contract: $2,275,000
- $500,000 for FY 23/24
- $575,000 for FY 24/25
- $590,000 for FY 25/26
- $610,000 for FY 26/27

Evaluation: $225,000
- $40,000 for FY 23/24
- $55,000 for FY 24/25
- $55,000 for FY 25/26
- $55,000 for FY 26/27
- $20,000 For FY 27/28 (6mths)

Administration: $340,000
- $10,000 for FY 22/23 (4mths)
- $75,000 for FY 23/24
- $75,000 for FY 24/25
- $75,000 for FY 25/26
- $75,000 for FY 26/27
- $30,000 FY 27/28 (8mths)

Direct Costs will total $2,275,000 over a four-year term and includes all contractor expenses related to delivering the program services (i.e., salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total $565,000
- $225,000 for an independent evaluation contract; with the final report due by December 31, 2026. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $340,000 for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

Federal Financial Participation (FFP): The opportunity to bill Medi-Cal for peer support services is likely to become available by Year 2 of the INN period. In this scenario, the contractor will be able to bill Medi-Cal for reimbursement for eligible services, such as WRAP facilitator workshops, mentorship, and case management services. The contractor could bill Medi-Cal directly or through San Mateo County Behavior Health and Recovery Services (BHRS).

Other Funding: The County will go through a local bidding process to identify the contractor for direct services; the bidding process will inquire about any in-kind or other revenue sources that can be leveraged.

	BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
	EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**
1.	Salaries							
2.	Direct Costs							
3.	Indirect Costs							
4.	**Total Personnel Costs**							**$ 0**
	OPERATING COSTS*							
5.	Direct Costs							
6.	Indirect Costs	$10,000	$75,000	$75,000	$75,000	$75,000	$30,000	$340,000
7.	**Total Operating Costs**							**$ 340,000**
	NON-RECURRING COSTS (equipment, technology)							
8.								
9.								
10.	**Total non-recurring costs**							**$ 0**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)							
11.	Direct Costs		$500,000	$575,000	$590,000	$610,000		$2,275,000
12.	Indirect Costs		$40,000	$55,000	$55,000	$55,000	$20,000	$225,000
13.	**Total Consultant Costs**							**$2,500,000**
	OTHER EXPENDITURES (please explain in budget narrative)							
14.								
15.								
16.	**Total Other Expenditures**							$ 0
	BUDGET TOTALS							

	Personnel (total of line 1)							$0
	Direct Costs (add lines 2, 5, and 11 from above)		$500,000	$575,000	$590,000	$610,000		$2,275,000
	Indirect Costs (add lines 3, 6, and 12 from above)	$10,000	$115,000	$130,000	$130,000	$130,000	$50,000	$565,000
	Non-recurring costs (total of line 10)							$0
	Other Expenditures (total of line 16)							$0
	TOTAL INNOVATION BUDGET							**$2,840,000**

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

	BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
	ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**
1.	Innovative MHSA Funds	$10,000	$575,000	$650,000	$665,000	$685,000	**$30,000**	$2,615,000
2.	Federal Financial Participation							
3.	1991 Realignment							
4.	Behavioral Health Subaccount							
5.	Other funding							
6.	**Total Proposed Administration**							**$2,615,000**
	EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for**	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**

	the entire duration of this INN Project by FY & the following funding sources:							
1.	Innovative MHSA Funds		$40,000	$55,000	$55,000	$55,000	$20,000	$225,000
2.	Federal Financial Participation							
3.	1991 Realignment							
4.	Behavioral Health Subaccount							
5.	Other funding							
6.	**Total Proposed Evaluation**							**$225,000**
	TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**
1.	Innovative MHSA Funds*	$10,000	$615,000	$705,000	$720,000	$740,000	$50,000	$2,840,000
2.	Federal Financial Participation							**$**
3.	1991 Realignment							**$**
4.	Behavioral Health Subaccount							**$**
5.	Other funding**							**$**
6.	**Total Proposed Expenditures**							**$2,840,000**
	*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting** **** If "other funding" is included, please explain within budget narrative.**							

APPENDIX 1. THEORY OF CHANGE

Theory of Change: Recovery Connection Center

Primary Problem: Low engagement in substance use recovery services for individuals at all stages of recovery

Key Considerations (from the literature)

Substance Use is a Risk Factor
- About half of individuals who develop substance use challenges are also diagnosed with mental health challenges
- Substance use can contribute to the exacerbation and/or development of mental illness

Increased Substance Use Needs
- Substance use challenges have accelerated post COVID (SMC reported a 430% increase in overdose-related referrals)
- 47% of adults in SMC said they would not know how to access treatment

Community of Support
- Services need to engage individuals at all stages of their recovery and provide accessible and comprehensive supports
- Many individuals with SUD or co-occurring SUD and SMI experience a rollercoaster of crisis and stabilization

Interventions

Peer-Based Recovery Connection Drop-In Center
- Utilizes peer support model with peer coaching and mentoring
- Centered around Wellness Recovery Action Plans (WRAP)
- Provides job readiness, employment referrals, and health and wellness classes

Responsive Outreach
- Broader than being clean and sober, focused on long-term recovery
- Centrally located, accessible by public transportation and after-hours
- Services in English and Spanish

Behavioral Health Linkages
Warm hand-offs to mental health supports, treatment, detox, and residential treatment as needed

Community Capacity Building
- Train outside providers and peers to use WRAP for substance use and co-occurring substance use and mental health challenges

Outcomes

Access, Utilization, and Linkages
- Number of individuals who were not previously connected to substance use services, and who would have been unlikely to engage in other services, choose to engage in services
- 75% participate in a minimum of three Recovery Connection activities per month

Long-Term Recovery
- Of those who complete the 8-week WRAP group and remain engaged in the Recovery Connection: 60% reduce the use of Alcohol and Other Drugs; 65% reduce their involvement with the criminal justice system; 65% increase their housing stability; 65% improve their quality of life

County Capacity
- There is increased capacity in SMC to use WRAP for substance use and co-occurring substance use and mental health challenges

Learning Objectives

Learning Goal #1
Does a drop-in recovery center **increase access** to recovery services and supports for individuals who were not previously engaged in services?

Learning Goal #2
What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, and economic mobility?

Learning Goal #3
Does training professionals and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?

MHSA INN Primary Purpose

Increased access to behavioral health services

APPENDIX 2. MHSA THREE-YEAR CPP PROCESS

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSA Three-Year Plan, 2020-2023
Community Program Planning (CPP) Process

The MHSA Three-Year is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. In December 2019, a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan commenced and engaged over 400 diverse clients, family members, staff and community agencies and leaders across various means of providing input (surveys, input sessions, public comments). Planning was led by the MHSA Manager and the Director of BHRS along with the Behavioral Health Commission (BHC) and the MHSA Steering Committee. A draft CPP process was provided to the BHC and stakeholders on December 4, 2019 and followed up with a presentation on February 5, 2020. Stakeholders provided input and comments on the process and what additional stakeholder groups should be engaged.

CPP FRAMEWORK

The Needs Assessment phase of the CPP process included the following two steps:

1. **Review**: The following local plans, assessments, evaluations and reports were reviewed **to identify priority mental health and substance use needs across service sectors**.
    i. MHSA Annual Updates FY 2017-18 and 2018-19
    ii. BHRS Cultural Competence Plan
    iii. CA Reducing Health Disparities
    iv. AOD Strategic Prevention Plan
    v. County of San Mateo Substance Use Needs Assessment - 2019 Report
    vi. San Mateo County BHRS No Place Like Home Plan
    vii. 2013 Community Health Needs Assessment: Health and Quality of Life in San Mateo County
    viii. SMC Community Health & Needs Assessment 2019 - Major Findings
    ix. San Mateo County Childcare and Preschool Needs Assessment
    x. California's Public Mental Health Services: how are older adults being served?
    xi. Aging and Adult Service Needs Assessment
    xii. Probation Department County of San Mateo, Annual Report 2018
    xiii. Jail Needs Assessment for San Mateo County
    xiv. Supporting Transition-Aged Foster Youth
    xv. Juvenile Justice Coordinating Council (JJCC): Local Action Plan 2016-2020: Landscape of at-risk Youth & the services that support them
    xvi. SMC Veterans Needs Assessment: Report and Recommendations
    xvii. Agricultural Worker Housing Needs Assessment
    xviii. Health Care for the Homeless Farmworker Health Annual Report

2. **Prioritization:** The identified needs from the review of local plans and reports where included in an online survey that was distributed broadly to individuals living or working in San Mateo County. **329 respondents prioritized across the needs identified**. The survey asked respondents to rate the needs based on how important it is to address them over the next 3 years.

    Preliminary survey results were presented to the MHSA Steering Committee on March 3, 2020 to gauge initial reactions and launch the Strategy Development phase of the CPP process.

The **Strategy Development** phase of the CPP process included the following two steps:

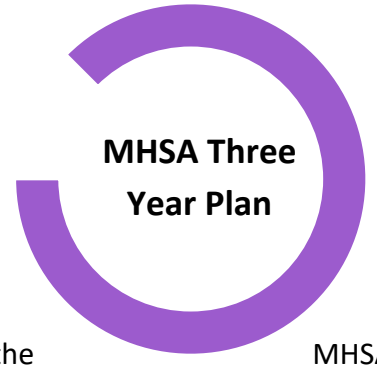
1. **Input:** 28 community input sessions and key interviews with diverse groups and vulnerable populations were conducted **to identify strategies to address the prioritized needs.** Participants brainstorm strategies in the areas of prevention, direct service and workforce training.
   Participants were asked the following questions:
   - Are there any program/service that are working well to address the need identified and would benefit from either expansion or enhancements?
   - Is there a new service or program that you would like to see considered to address the need identified?
2. **Prioritization:** To support the prioritization of strategies, participants were also asked: Which strategy will have the most impact over the next three years?

A strategic approach to addressing the input received, was proposed to the MHSA Steering Committee. The 22 strategies prioritized through the input sessions were organized under 5 MHSA Strategic Initiatives with the intent to allocate existing MHSA staff resources to engage stakeholders in planning to develop an adaptive strategy direction for these initiatives. The goal being to a) define a continuum of services, b) identify gaps at all levels of support or intensity in treatment, and c) articulate expected outcomes and identify the activities/strategies that will support a comprehensive continuum of services. The 5 MHSA Strategic Initiatives reflect the Three-Year Plan priorities of the CPP process and include the following.

- Housing continuum (including assessments and housing navigation for individuals who are homeless, and transitional housing for transition age youth)
- Crisis diversion (including peer and family crisis support, walk-in crisis services, and suicide education and prevention)
- Culturally responsive and trauma-informed systems (including training, co-located services in community settings, and financial assistance programs to recruit a diverse workforce)
- Integrated treatment and recovery supports (after-care services after residential treatment, peers providing system navigation and coaching, supported employment programs, and early treatment and support for youth related to cannabis and alcohol use)
- Community engagement (family-focused wellness and support services, school-based resources, youth empowerment models, home-based early intervention, and culturally-focused outreach and engagement)

The 5 MHSA Strategic Initiatives and respective 22 strategies were presented to the MHSA Steering Committee on April 29, 2020. Pre-recorded public comments were included for each

strategy area and an opportunity for additional public comments was provided. The MHSA Steering Committee members were asked the following two questions via an online survey to help both a) rank the 5 Strategic Initiatives and b) rate the 22 strategies.



The MHSA Three-Year Plan development includes the MHSA Steering Committee prioritized strategies as recommendations for funding when increases in revenues are available. The Three-Year Plan builds on previous planning processes and existing funded programs. Existing programs are monitored, evaluated and adjusted as needed during the implementation years and recommendations are made annually about continuing and/or ending a program. Any adjustments are presented to the MHSA Steering Committee and included in subsequent Annual Updates, which incorporates a 30-day public comment period.

STAKEHOLDERS INVOLVED

Extensive outreach was conducted to promote the two MHSA Steering Committee meetings and the Input Sessions. Flyers were made available in English, Spanish, Chinese, Tagalog, Tongan and Russian. Stipends to consumers/clients and their family members and language interpretation were provided at each of these sessions. Childcare for families and refreshments were offered for the first in-person meeting, prior to switching to online due to COVID-19.

Pre-sessions for both the MHSA Steering Committee meetings were held as an orientation for clients, family members and community members. At this session information was presented and shared to help prepare participants for the meetings and to provide input and public comment. Discussion items included, 1) Background on MHSA; 2) What to expect at the meetings; and 2) How to prepare a public comment.

Input included perspectives from clients and family members, communities across geographical, ethnic, cultural and social economic status, providers of behavioral health care services, social services and other sectors. The sessions were conducted through 14 existing collaboratives/initiatives, 8 committees/workgroups, 3 geographically-focused (Coastside, East Palo Alto and North County) and 3 stakeholder groups of transition-age youth, immigrant families and veterans. Because of the historical barriers to accessing and attending centrally located public meetings (mistrust, lack of transportation, cultural and language accessibility) three Community Prioritization Sessions were scheduled in North County, East Palo Alto and the Coastside.

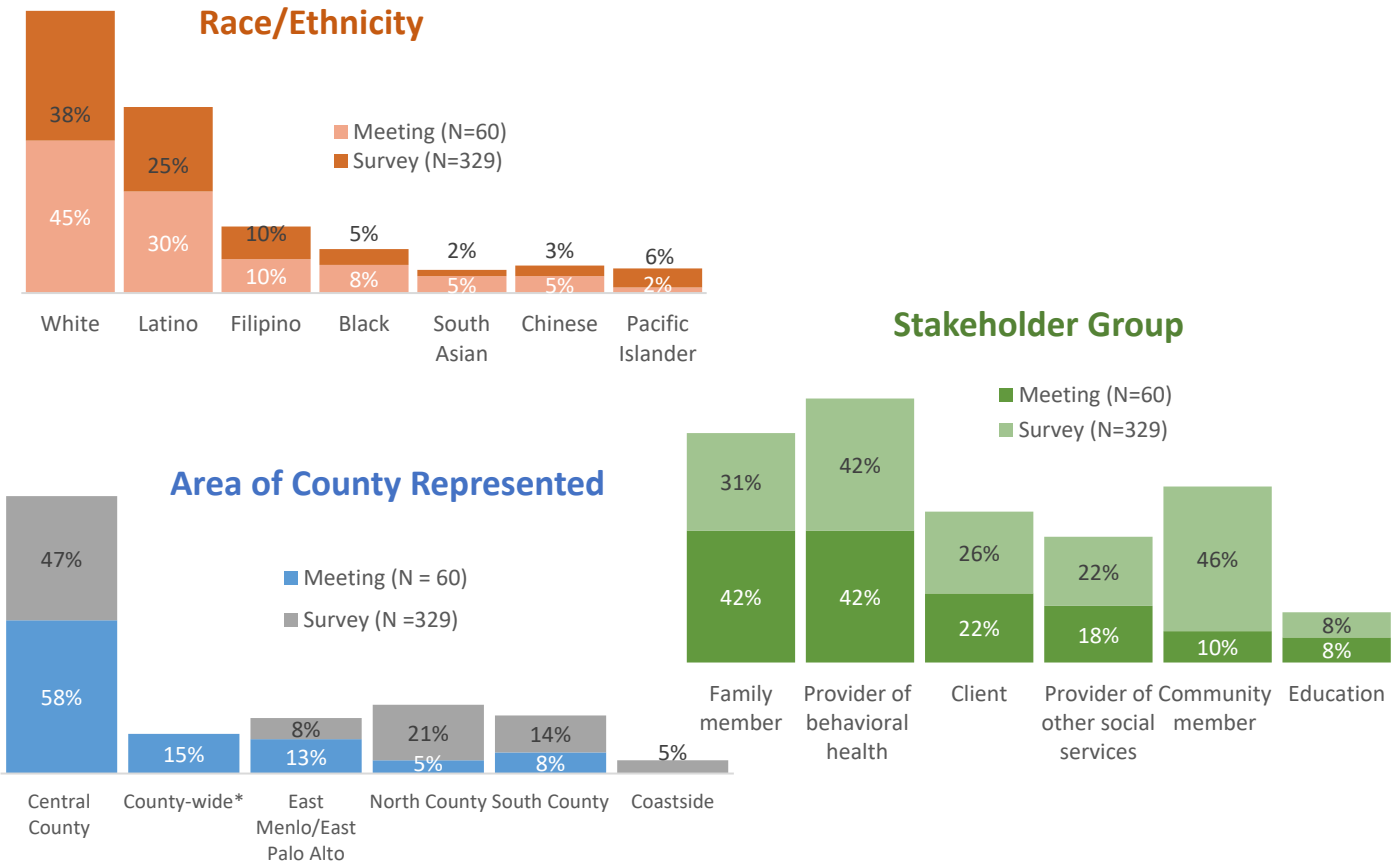
Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments). While we were unable to collect demographic data from all the Input Sessions, we

know that 57 client and family member stipends were provided during various sessions as listed below, for a total amount of $1,425.

2020 MHSA Input Sessions Stipend Record Summary		
Input Session	**Date**	**# of Stipends Distributed**
Lived Experience Education Workgroup	3/3/2020	11
MHSA Strategy Launch	3/4/2020	15
African American Community Initiative	3/10/2020	3
Spirituality Initiative	3/10/2020	4
Latino Collaborative	3/24/2020	1
Chinese Health Initiative	4/3/2020	4
MHSA Strategy Prioritization	4/29/2020	19
Total		**57**

Demographics were collected for 329 survey respondents and 60 (of 88) participants via a Zoom Poll feature during the April 29th MHSA Steering Committee. Participants in each of these activities were not mutually exclusive and therefore demographics are summarized separately below.

Demographics of participants



Input Session conducted

Date	Stakeholder Group
3/3/20	Lived Experience Education Workgroup
3/4/20	MHSA Steering Committee- Strategy Launch
3/6/20	Diversity and Equity Council
3/6/20	Northwest School Collaborative
3/10/20	African American Community Initiative
3/10/20	Spirituality Initiative
3/10/20	Central School Collaborative
3/12/20	Housing Committee
3/18/20	MHSARC Child and Youth Committee
3/19/20	Coastside Collaborative
3/19/20	Native American Initiative
3/19/20	Contractors Association
3/24/20	Latino Collaborative
3/30/20	Peer Recovery Collaborative
4/1/20	MHSARC Older Adult Committee
4/2/20	AOD Treatment Providers Meeting
4/3/20	North County Outreach Collaborative
4/3/20	Chinese Health Initiative
4/7/20	Pacific Islander Initiative
4/8/20	Pride Initiative
4/09/20	East Palo Alto Behavioral Health Advisory Group
4/9/20	Filipino Mental Health Initiative
4/15/20	MHSARC Adult Committee
4/16/20	Northeast School Collaborative
4/20/20	South School Collaborative
12 individual interviews conducted:	
Immigrant Parents	
Transition Age Youth	
Veterans	

APPENDIX 3. INN IDEA SUBMISSION PACKET

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

San Mateo County Behavioral Health and Recovery Services
MHSA Innovation ~ Stakeholder Idea Submission
Information Packet and Submission Form

Anyone who lives, works, plays, or goes to school in San Mateo County is invited to **submit an idea for Innovative Projects** to develop new best practices in behavioral health.

Start here to get informed!
[MHSA Frequently Asked Questions]
[MHSA Submission Process and Dates]
[Idea Submission MythBusters]
[Scoring Criteria for Submissions]

Then go here to submit!
[Idea Submission Form]

If you have questions about the submission process, you may send a message or leave a voicemail in your preferred language: https://bit.ly/INN-Question-Form or (650) 241-8008

For assistance in finding mental health and/or alcohol and other drug use services, call the ACCESS Call Center: (800) 686-0101 TDD: (800) 943-2833

**** Submission Process and Key Dates ****

- **June 2022: Stakeholder submission process opens**
  - Community information and training sessions *(these will be recorded and posted on the MHSA website)*
    - Info session: Thursday, June 2, 3:00-4:00pm
    - Training session: Thursday, June 9, 3:00-4:00pm
  - Stakeholders fill out a submission form
    - Email to: MHSA@smcgov.org
    - Mail to: 310 Harbor Blvd. Bldg. E, Belmont, CA 94002
  - Support is available! *It is highly encouraged to attend at least one session to ensure the submission meets requirements*
    - Support session 1: Friday, June 24, 11:00am – 1:00pm
    - Support session 2: Wednesday, June 29 8:00-10:00am
    - Support session 3: Tuesday, July 12, 4:00-6:00pm
    - Email and phone support, including in languages other than English: https://bit.ly/INN-Question-Form, (650) 241-8008
- **July 15, 2022**: **Deadline for stakeholder submissions**
- August 2022: INN Workgroup selects ideas to move forward
- December 2022: BHRS submits selected projects to the state for final approval
- January-June 2023: BHRS secures service providers. A request for proposal (RFP) process is required for projects that will be contracted out to partner agencies.
- **July 2023: Approved projects start delivering services**

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Frequently Asked Questions

MHSA Innovation

What is MHSA?

- California voters passed the Mental Health Services Act (MHSA), Proposition 63, in November 2004. It became state law on January 1, 2005.
- MHSA raises money to transform the state's behavioral health programs through a 1 percent tax on personal incomes above $1 million.
- There are three main categories of programs funded by MHSA:
    - **Community Services & Supports (CSS)** are direct treatment and recovery services for serious mental illness and serious emotional disturbance.
    - **Prevention & Early Intervention (PEI)** services are provided either before or at the early onset of mental health issues.
    - **Innovation (INN)** projects are new approaches and community-driven best practices.

What is Innovation?

- INN makes up about 5% of the County's MHSA funding. For San Mateo County, this is currently about $2.15M per year for new projects.
- INN projects are 3 to 5-year pilot projects to develop new best practices in behavioral health care. The County runs a stakeholder participation process for INN every three years.

What is included and excluded in INN?

INN projects can address **any aspect of providing behavioral health care services**, including prevention, early intervention, treatment, and recovery programs and services. INN projects can also address administrative processes, community development, system development, and research such as reorganizing systems, training and professional development, improving data systems, or ways of delivering care.

INN projects must **either**:

1) Make a change to an existing behavioral health practice to improve the quality of the services or reach a different population
   or
2) Introduce a new approach in the behavioral health field

Making a change to an existing behavioral health practice

This means that the idea might already be happening in a behavioral health setting in the United States, but you are proposing changes to reach a different population or add a unique component to the idea.[1]

- For example: There might be a promising program in Boston for teenagers who have experienced trauma, but it serves mostly White youth. You want to modify it to be culturally relevant and test whether it is effective for Latinx teens in East Palo Alto.
- For example: San Mateo County already offered alternative therapies via the Neurosequential Model of Therapeutics (NMT) for children in its mental health system. An INN project was approved to test the effectiveness of NMT with adults.

Introducing a new approach in the behavioral health field

This means that the idea hasn't been tried in a behavioral health setting. The idea could be brand-new, or it could have been tried in another community setting. The important part is that the idea hasn't been tried specifically with people who are at risk of or who have behavioral health challenges.

- For example: The promotora model was originally found to be effective in a public health setting. It was innovative when it was introduced to the behavioral health setting.
  - For example: In 2020, a Social Enterprise Cafe for Filipino/a/x Youth was approved as a BHRS INN project to improve mental health and quality of life outcomes for Filipino/a/x youth, increase access to behavioral health care services, and determine if a social enterprise model can financially sustain an integrated approach for behavioral health and youth development programming. Social enterprises have been found to be effective in public health settings, but not in behavioral health.

What happens to programs after the INN period ends?

- It depends. If projects are shown to be effective, some may get funding from another MHSA component (CSS or PEI). Some may have other funding sources, or a mix of MHSA and other funding sources.

[1] A behavioral health setting means a program or place that provides mental health or substance use services (prevention, early intervention, treatment, or aftercare).

MHSA INN Submission MythBusters

Here are some common **myths** and **facts** about what it takes to submit an idea!

Myth Only organizations/agencies can submit an idea.

Fact **Anyone who lives, works, plays, or goes to school in San Mateo County can submit an idea for an INN project.** We also welcome and encourage you to collaborate with other people and/or organizations to submit an idea. You can note in your submission form that the idea is from one or more people or organizations.

Myth Ideas can only be submitted online and in English.

Fact **You can submit your idea through email, or by mail (see page 2)**. The form will be available in English, Spanish, and Chinese.

Myth I will have to do the submission on my own without assistance.

Fact **There are several ways that we will support you in submitting your idea**:

- TA hours
- Support in other languages
- Reasonable accommodations
- We can also support you in helping someone else submit an idea (a family member, friend, or client)

Myth I will have to put together my submission quickly.

Fact **The submission window will be open from June through July 15, 2022,** so you will have six weeks to work on your submission.

Myth There are no guidelines for INN project topics.

Fact **BHRS is seeking INN project ideas that align with the MHSA core values and at least one strategic initiative from the MHSA Three-Year Plan**.

MHSA Core Values

- **Community collaboration** (clients and/or family members, other community members, agencies, organizations, and businesses work together to share information and resources to fulfill a shared vision and goals)
- **Cultural competence** (services reflect the values, customs, beliefs, and languages of the populations served and reduce disparities in service access)
- **Consumer and family-driven services** (clients – and family members of children – have a primary decision-making role in identifying needs, preferences, and strengths, and a shared decision-making role in determining services; including peer-to-peer services[2])
- **Focus on wellness, recovery, resiliency** (services promote wellness in body, mind, and spirit, and incorporate concepts key to recovery: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination)
- **Integrated service experiences for clients and families** (services promote coordinated agency efforts to create a seamless experience for clients, consumers, and families)

[2] BHRS defines a peer as someone with lived experience as a client of county or community-based mental health and/or substance use services.

Three-Year Plan Strategic Initiatives

These reflect the priorities heard from community members during the MHSA community planning process (CPP). See more detail in the Three-Year Plan.

- **Housing continuum** (including assessments and housing navigation for individuals who are homeless, and transitional housing for transition age youth)
- **Crisis diversion** (including peer and family crisis support, walk-in crisis services, and suicide education and prevention)
- **Culturally responsive and trauma-informed systems** (including training, co-located services in community settings, and financial assistance programs to recruit a diverse workforce)
- **Integrated treatment and recovery supports** (after-care services after residential treatment, peers providing system navigation and coaching, supported employment programs, and early treatment and support for youth related to cannabis and alcohol use)
- **Community engagement** (family-focused wellness and support services, school-based resources, youth empowerment models, home-based early intervention, and culturally-focused outreach and engagement)

Myth I will need to put together a long proposal that will take a lot of time and effort.

Fact **It will take you about 4-6 hours to put together your submission**.

- You will need to do the following:
  - Do some research or request support from the BHRS team to do some research on your project idea
  - Fill out a submission form

    - Participate in a submission review session with our support provider (recommended)
- Specifically, the submission form will request the following:
    - What services or activities your project will provide
    - Who your program intends to reach
    - Why the project is innovative according to INN regulations
    - What evidence you have found that the project would meet community needs in an effective way (such as online research articles or conferences)
    - What impact the project would have for people
    - An estimate of how much the project would cost per year (such as the number of staff the project would need and what the expenses would be)
- You do *not* need many pages of written narrative, an exact line item budget, an evaluation plan, nor an implementation plan (such as which organization will provide the services).
- If your project is *chosen to submit* to the state
    - BHRS will develop the full proposal for the state - you will not need to do that. We will follow up with you to further discuss your project idea and make sure we have enough information for us to develop a full proposal.

Myth I will have to reapply for funding for my project each year.

Fact **Approved projects are funded for the entire 3-5 year project period**.

Myth There are no criteria for what ideas will be selected.

Fact **The MHSA INN workgroup has developed criteria for scoring the ideas that stakeholders submit**.

Myth Stakeholders will not have input into the ideas that are selected to move forward.

Fact **There are several opportunities for stakeholder input.** The MHSA INN workgroup, made up of stakeholders including nonprofit staff, people with lived experience, and family members, will be involved in reviewing and selecting which ideas to submit to the state.

- There is not a limit to how many ideas we can submit to the state. However, to be mindful of resources and capacity, we plan to submit up to 5 ideas.
- The projects will be presented at the **October 6, 2022** MHSA Steering Committee meeting, which is open to the public, and will be open for input.
- There will also be a 30-day public comment period before the projects are submitted to the state.

Myth If my idea is approved, my organization will be responsible for implementing it.

Fact **Ideas that are approved will go through a procurement process**, which means that BHRS will determine the service provider usually through a Request for Proposals (RFP) process. BHRS will also hire an outside evaluator to support data collection and reporting.

Myth If my idea is not selected to move forward as an INN project, there are no other options for my idea to move forward.

Fact **If your idea is not selected for INN, it could be considered for another type of MHSA funding.**

Scoring Criteria for MHSA INN Submissions

1. **Pre-Screening**
   MHSA staff will review all projects submitted for basic eligibility criteria per the INN requirements. If not eligible, and there are at least 2 weeks left in the submission period, the submitter will be notified and invited to resubmit an idea if they would like.

Criteria	Definition	Eligible
Meets MHSA INN requirements	There is evidence that the project has not been implemented as-is in a behavioral health setting (i.e., there are significant modifications to an existing program or the program has not yet been tried in a behavioral health setting)	Yes / No

2. **Submission Scoring**

1	Submission does not address the criteria
2	Submission names that the project will address the criteria but does not explain how
3	Submission explains how the project will address the criteria, but the explanation is general without specific examples
4	Submission explains how the project will address the criteria and gives some evidence and/or examples of how it will do so
5	Submission explains how the project will address the criteria and provides compelling and thorough evidence and/or examples of how it will do so

Criteria	Definition	Score

Alignment with MHSA Strategic Initiatives	• How well the submission aligns with one or more strategic initiative from MHSA Three-Year Plan
	  ○ Housing continuum
	  ○ Crisis diversion
	  ○ Culturally responsive and trauma-informed systems
	  ○ Integrated treatment and recovery supports
	  ○ Community engagement
		1 2 3 4 5

Alignment with MHSA Core Values	• How well the submission aligns with one or more the MHSA core values
	  ○ Community collaboration
	  ○ Cultural competence
		1 2 3 4 5

Criteria	Definition	Score
	○ Consumer and family-driven services ○ Focus on wellness, recovery, resiliency ○ Integrated services	
Project Reach and Access	• The submission describes how the project will reach and ensure access for its target population(s) in culturally responsive ways, with a focus on populations that have been historically excluded from services and/or access to services	1 2 3 4 5
Project Impact	• The submission describes the gaps in the behavioral health system that the project will address, and provides evidence and/or examples for how the project will be effective in addressing the identified needs of the target population	1 2 3 4 5
Total Score		**/ 20**

3. Equity and Feasibility Review

The MHSA INN workgroup subcommittee will review the highest scoring projects and look at the set of projects all together to ensure there is diversity and equity in:

- **Project submitters** - ensure that project submissions represent community members and people with lived experience as clients of behavioral health services and/or family members of clients.
- **Target communities** - ensure that different groups are being served across the prioritized projects and that projects are reaching populations that have been historically excluded from services and/or access to services.
- **Types of services** - prioritized projects represent the spectrum of services from prevention to early intervention, treatment, recovery, and life after recovery.

Projects recommended by the MHSA INN workgroup subcommittee will require approval by the State and the BHRS Director. A feasibility review will be conducted by BHRS staff prior to recommending projects to move forward to full development and final approval.

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Idea Submission Form

Option 2 - Fill out the Word document and email or mail it to:

- MHSA@smcgov.org
- 310 Harbor Blvd. Bldg. E, Belmont, CA 94002

The deadline for submissions is Friday, July 15, 11:59pm.

Welcome to the submission form for San Mateo County Behavioral Health and Recovery Services (BHRS) Mental Health Services Act (MHSA) Innovation (INN) planning cycle! This form is to submit your idea for 3 to 5-year pilot projects to develop new best practices for behavioral health services.

Please make sure you have seen the background information before you go ahead with this form.

- Submission Process and Key Dates
- MHSA INN Frequently Asked Questions
- MHSA Core Values
- MHSA Three-Year Plan Strategic Initiatives
- Scoring Criteria for Submissions

Submission pre-check

Before you start the submission form, please confirm the following.

☐ I live, work, play, or go to school in San Mateo County
☐ I have read the INN requirements and I believe my project meets the requirements
☐ I have found information (such as through an online search) that supports my project as something that would have positive impacts
☐ I have not seen research articles showing that my exact idea has already been done and has been effective in a behavioral health setting

Submission Information

Your Name: Email Address:

Phone Number:

1. **I am submitting an idea as (check all that apply)**
   - ☐ An organization (name):
   - ☐ A partnership/collaborative of organizations (list organizations):
   - ☐ A community member

2. **In 1-2 sentences, please write a summary of your project:**

   a. What services will be provided?

   b. Who will be served? (target population)

   c. If your project is implemented, what changes would you expect to see?

3. **Why is this project needed in San Mateo County? What gaps will it fill?** If available, please provide research or statistics about the need for this project.

4. Now, please share more details about your project:

4a. Which MHSA Three-Year Plan Strategies, if any, your project will address (check all that apply)

- ☐ Housing continuum
- ☐ Crisis diversion
- ☐ Culturally responsive and trauma-informed systems
- ☐ Integrated treatment and recovery supports
- ☐ Community engagement
- ☐ Not sure

4b. Type of service (check all that apply)

- ☐ *Prevention*: Services to **prevent** mental health challenges and build protective factors
- ☐ *Early intervention*: Services for people **at risk** of developing mental health challenges
- ☐ *Treatment*: Services for people who **have mental health challenges**
- ☐ *Recovery*: Services for people who are **recovering from mental health challenges**
- ☐ *Other* (please describe):

4c. Target populations (check all that apply)

- ☐ Children ages 0-11
- ☐ Youth ages 12-15
- ☐ Transition age youth ages 16-24
- ☐ Adults ages 25-59
- ☐ Older adults ages 60 or older
- ☐ Specific area(s) of the county:
- ☐ Specific cultural group(s):
- ☐ Specific language(s):

4d. Will your project provide direct services one-on-one or in groups (e.g., individual counseling, support groups?)

- ☐ Yes
- ☐ No

If Yes, about how many people will your project serve each year?

- ☐ 10-49 people
- ☐ 50-99 people
- ☐ 100 or more people

4e. Is there a broader reach you expect your project to have, via outreach, events, media, community trainings, etc.?

- ☐ Yes
- ☐ No

5. **What makes your idea innovative, according to the INN requirements? Check one.**

☐ It makes a **change to an existing practice**, including application to a different population. *This means that the idea might already be happening in a behavioral health setting in the United States, but you are proposing changes to reach a different population or add a unique component to the idea.*

☐ It introduces a **new practice or approach** to the behavioral health system. *This means that the idea hasn't been tried in a behavioral health setting. The idea could be brand-new, or it could have been tried in another community setting. The important part is that the idea hasn't been tried specifically with people who are at risk of or who have behavioral health challenges.*

5a. Please describe what research you did (such as online searches) to determine whether your idea has been tried in a behavioral health setting?
(1-2 sentences)

5b. If you are proposing a change to an existing practice, describe how the project will be different from existing practices. If you found online research, share links to articles about how the existing practice has been used in other settings or with other populations.
(1-2 paragraphs)

5c. If you are proposing a new practice or approach, describe why you believe this project would be effective in a behavioral health setting. If you found online research, share links to articles about how similar approaches have been used in non-behavioral health settings.
(1-2 paragraphs)

6. **Please indicate which of the MHSA Core Values your project will address.** *(Note: the project doesn't need to address every core value in order to be considered)*
   - ☐ Community collaboration
   - ☐ Cultural competence
   - ☐ Consumer and family-driven services
   - ☐ Focus on wellness, recovery, resiliency
   - ☐ Integrated service experiences for clients and families

6a. Now, describe in more detail how the project will align with the MHSA Core Values. In your response, make sure to describe how the project will reach and ensure access for its target population(s) in culturally responsive ways, with a focus on populations that have been historically excluded from services and/or access to services. (1-2 paragraphs)

7. **Please share some information about how much the project would cost per year.**

   If you have already calculated a budget and can give a budget breakdown and narrative, please do so below. Or, if you would like to email your budget as an attachment, you may send it to: MHSA@smcgov.org

   If you don't have a sense of how to figure out the project budget, please share the following information:

   - Give your best guess as to how many full-time and part-time staff from each position your program will have.

	Number of full-time staff	Number of part-time staff
Clinicians (e.g., psychologist, psychotherapist, LCSW, MFT)		
Program managers		
Program staff (not clinical)		
Peers or Family Partners		
Outreach workers		
Trainers/facilitators		
Other:		
Other:		
Other:		

- Please list any significant expenses for this project (e.g., a new building, rental of a space, laptops for participants)

8. **About you - optional.** We want to make sure we are getting ideas from people from diverse backgrounds. Sharing this information is optional and won't impact whether your idea gets chosen. We invite you to share the following information.

   - Please share which of the following describes you (select all that apply):
     - ☐ Black, Indigenous, or a Person of Color (BIPOC)
     - ☐ Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning (LGBTQ+)
     - ☐ I identify as a person with a disability
     - ☐ I have lived experience as a client of mental health and/or substance use services
     - ☐ I have lived experience as a family member of a client of mental health and/or substance use services
     - ☐ None of the above
     - ☐ Prefer not to share

   - What part of the county do you live in, work in, or represent?
     - ☐ Central
     - ☐ North
     - ☐ Coast
     - ☐ South
     - ☐ East Palo Alto/Belle Haven
     - ☐ County-wide

   - Are you an employee of the County or a non-profit organization?
     - ☐ Yes, I am an employee of the County
     - ☐ Yes, I am an employee of a non-profit organization
     - ☐ No, I am not an employee of the County or a non-profit organization
     - ☐ Prefer not to share

9. **Would you like to be added to the MHSA email list to learn about other opportunities to get involved?**

   ☐ Yes
   ☐ No

Thank you!

Someone will contact you by August 31 to let you know whether your idea has been selected to move forward.

APPENDIX 4. ALL PUBLIC COMMENTS RECEIVED

Public Comments Received - Innovation (INN) Project Plans

Recovery Connection Drop-In Center

Comments in Support of the Recovery Connection Drop-In Center:

- Eric Johnson - I think voices of recovery is a great program they help people get connected with programs that to help with any situation that they're in benefit's etc.
- Camille L. - I fully support the creation of Voices of Recovery's Recovery Drop-in center. Our recovering community would benefit immensely from this useful resource as it is free of charge and will help guide them to make choices to improve their lives for the better. Drug abuse is a pressing issue, especially in the Bay Area. We must provide our community's youth and adults with the proper mental and physical health resources to navigate life after addiction. This resource will touch the lives of many and their families; I speak from experience as Voices of Recovery has helped bring my older brother back onto his feet and geared him toward success.
- Angelina Gianfermo - I recommend this project, this will be a great opportunity to serve our population.
- Sydney Reynolds - This project would not only provide more support for me but I know the community needs something like this. There aren't many drop in centers in the area and this would be a huge help.
- Recovery Connection Drop-In Center --- I met the team from Voices of Recovery at the recent Belle Haven Neighborhood Resource Fair. I found them to be an enthusiastic and well-intentioned group with practical experience in the real world in combination with formally obtained education and skills. From a policing perspective, the people with whom we come into contact who have ongoing struggles with substance abuse, mental health, or both are plentiful. Current strategies to help or refer these folks to the help they need are sometimes limited and restrictive. For example, arrest warrants for failure to appear on citations for misdemeanor crimes revolving around influence could be associated with a citation process that simply turns folks who need help back out onto the street with a ticket, for which the date is far ahead and in a very unknowable future for those afflicted with these issues. A drop-in center like the one posed by VOR could prove to be a very helpful option for those who cannot afford - in terms of their own safety and well-being - to wait until their court dates to start addressing needs happening now. I find this to be an interesting proposal that may help our county with a readily available resource. - Chief Dave Norris, Menlo Park PD
- Voices of Recovery is a service to the community of great importance. I feel with their ability to expand and reach more of the community it would be a triumph for those in need of recovery and support services. Allowing people to connect with similar experiences and connect around life situations is a useful tool and will be more than ideal for this community.

- Julie Shanson - Please continue to fund Voices for Recovery and encourage the organizations expansion to work with youth groups in SMC.
- Andrew Vukic - Voices of Recovery has done wonders for me and I continue to rely on it as if go forward with my recovery, and life. The organization acts as something I really look forward to being apart of on a weekly basis, and has helped me grow in a respectable adult like I am today. I am now in school full time, and working full time, on the way to choosing what happens next!
- This is a great idea and would love to have a safe place like this in the community. Great job !
- ShaRon Heath - The Recovery Connection Drop-In Center is not only a need but also a requirement for those seeking and in Recovery. People who are experiencing substance dependency or challenges need a place to socialize and be with other people who are liked minded. Supporting them with tools to help stay them stay in Recovery.
- Adrian Maldonado - SMC needs services which promote recovery and support.
- I heard about this project from Facebook that Voices of Recovery posted and this is an idea that would help me and my family. I am just starting out in recovery and I don't know where to go for resources sometimes. I have a younger brother who is wanting to stop drinking but he doesn't believe he can and I think if he could be in an environment where other people have gone through what he has gone through he would get the motivation he needs. The drop in mentioned they will be meeting people where they're at in their recovery and I think that's the most important concept. A lot of time in the rooms, addicts or alcoholics are fearful to go to places like this because they might not think they are far along enough to receive support. Thank you
- Stella Montanez - It is a privilege to have services such as Voices of Recovery available to the members of our community. Another program I applaud is the OCG program of which helped my son towards his road to recovery. I highly appreciate the employees that are dedicated to the cause of recovery.
- Drew Reynolds - Recovery cafe would be beneficial to me and my recovery
- David Norris - I met the team from Voices of Recovery at the recent Belle Haven Neighborhood Resource Fair. I found them to be an enthusiastic and well-intentioned group with practical experience in the real world in combination with formally obtained education and skills. From a policing perspective, the people with whom we come into contact who have ongoing struggles with substance abuse, mental health, or both are plentiful. Current strategies to help or refer these folks to the help they need are sometimes limited and restrictive. For example, arrest warrants for failure to appear on citations for misdemeanor crimes revolving around influence could be associated with a citation process that simply turns folks who need help back out onto the street with a ticket, for which the date is far ahead and in a very unknowable future for those afflicted with these issues. A drop-in center like the one posed by VOR could prove to be a very helpful option for those who cannot afford - in terms of their own safety and well-being -

to wait until their court dates to start addressing needs happening now. I find this to be an interesting proposal that may help our county with a readily available resource. - Chief Dave Norris, Menlo Park PD

- Veronica Antonelli - As both a consumer and now a person contracted by the county working for Voices of Recovery I would not be where I am today without San Mateo County AOD Services and Health Care. I have personally gone through the process of Detox (Palm Ave.), Recovery Program (Hope House), Transitional and Voices of Recovery.
- ShaRon Heath - I am in support of the Recovery Connection Drop-In Center and know that this center will be an asset to those in need of recovery
- The recovery drop-in center will provide so much support to the community. The fact that this center will be meeting people where they are at within their recovery is a game changer.
- Sydney Reynolds - The Recovery Drop in Center is going to do wonders for this community. There is no center quite like the one proposed, and it's crucial to helping those in need for support
- Susan Crosby - I recommend this project.
- Brendan Winans - The RCDIC would be a wonderful support for the SMC Recovery Community. There is nothing like it currently and it would open doors for many of SMC most vulnerable citizens and also citizens that are doing their best to go down the right path. This Center would be a boon for SMC.

Public Comments Received - Innovation (INN) Project Plans

Music Therapy for Asian/Asian American

Comment: Great idea I agree Asian American's need to do some self-love, but I would love to see how this program would promote inclusivity and connect to and nationalities - as I am bio racial and feel a deep connect to bridge gaps by building up awareness, empathy and love.

Response: Thank you for the feedback, we agree that this service can potentially benefit all communities. The project will be evaluated by an independent consultant, which should inform expansion post the Innovation pilot period. This particular proposal is looking to engage Asians/Asian Americans in wellness and behavioral health services in a culturally responsive manner because it is known that in San Mateo County, Asians and Asian Americans make up 1 in 3 residents (31.8%), but only 2.6% of Asian/Pacific Islander adults used specialty behavioral health services and just 1.6% of Asian/Pacific Islander youth used specialty mental health services– one of the lowest behavioral health engagement rates in the county. Communities need culturally tailored and specific behavioral health services that address unique trauma, challenges and experiences.