



**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.***



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## *Mental Health Services Act (MHSA) Innovation Project Plan*

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**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.<sup>1</sup> 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.<sup>2</sup> Many individuals living with serious mental illness (SMI) and/or substance use disorders (SUD) experience cognitive challenges, particularly related to executive functioning skills,<sup>3</sup> which are critical to managing one's living space.<sup>4</sup> 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.

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<sup>1</sup> 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>.

<sup>2</sup> 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>

<sup>3</sup> Regev S, Josman N., 2020; Jackson, C.T., Fein, D., Essock, S.M. et al., 2001; Christopher R Bowie, Philip D Harvey, 2006

<sup>4</sup> 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 IHSS 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.

**B) 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.

<b>Current IHSS system</b>	<b>ARISE program</b>
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 from 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.<sup>5</sup> 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 MHPA 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

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<sup>5</sup> 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.

<b>Gaps in the literature and practice</b>	<b>Proposed intervention and opportunities for learning</b>	<b>Learning Goal</b>
BHRS research did not find any existing programs that provide in-home residential support services to adults with behavioral health conditions	<ul style="list-style-type: none"> <li>• 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</li> </ul>	1. Do clients receiving in-home supports tailored for individuals with behavioral health needs <b>maintain their housing?</b>
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.	<ul style="list-style-type: none"> <li>• Integrate tangible support through in-home services with existing case management and occupational therapy supports</li> </ul>	2. To what extent does the ARISE program support clients’ <b>health, wellbeing, and recovery?</b>



<p>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</p>	<ul style="list-style-type: none"> <li>• Higher ARISE in-home support worker pay</li> <li>• Guarantee up to 15 hours of work per week</li> <li>• Provide specialized training for working with behavioral health clients,</li> <li>• Provide ongoing consultation from an occupational therapist</li> <li>• Provide peer support</li> <li>• Provide administrative support with hiring, recruiting, and supervising workers</li> </ul>	<p>3. To what extent does the ARISE program <b>improve capacity</b> for in-home supports to serve individuals with complex behavioral health challenges and how might these outcomes inform changes to the state IHSS program?</p>
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### 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
<p>1. Do clients receiving in-home supports tailored for individuals with behavioral health needs <b>maintain their housing?</b></p>	<ul style="list-style-type: none"> <li>✓ Of the clients enrolled and served for at least one month, no more than 5% will fail a housing inspection.</li> <li>✓ 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.</li> <li>✓ 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.</li> <li>✓ ARISE clients report that program was helpful in maintaining their living environment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Program administrative data</li> <li>✓ ARISE client interviews</li> <li>✓ ARISE staff interviews and/or focus group</li> </ul>



	<ul style="list-style-type: none"> <li>✓ ARISE program staff report that program was helpful in maintaining clients' living environment</li> </ul>	
2. To what extent does the ARISE program support clients' <b>health, wellbeing, and recovery</b> ?	<ul style="list-style-type: none"> <li>✓ Percent of clients engaged in BHRS services at baseline and follow-up</li> <li>✓ Satisfaction of ARISE clients with the program</li> <li>✓ Self-reported health and wellness outcomes from ARISE clients and staff</li> </ul>	<ul style="list-style-type: none"> <li>✓ Program administrative data</li> <li>✓ ARISE client interviews</li> <li>✓ ARISE staff interviews and/or focus group</li> </ul>
3. To what extent does the ARISE program <b>improve capacity</b> for in-home supports to serve individuals with complex behavioral health challenges and how might these outcomes inform changes to the state IHSS program?	<ul style="list-style-type: none"> <li>✓ 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</li> <li>✓ Satisfaction of ARISE in-home support workers</li> </ul>	<ul style="list-style-type: none"> <li>✓ County IHSS data</li> <li>✓ Survey of County ARISE in-home support workers</li> <li>✓ ARISE in-home support worker survey</li> <li>✓ ARISE in-home support worker interviews or focus group</li> </ul>

### 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](http://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](http://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	<ul style="list-style-type: none"> <li>• BHRS Administrative startup activities – procurement and contract negotiations</li> </ul>
July-Dec 2023	<ul style="list-style-type: none"> <li>• Hire and train staff</li> <li>• Hire and train ARISE in-home support workers</li> <li>• Convene project advisory board</li> <li>• Develop client intake and follow-up forms</li> <li>• Set up infrastructure for implementation/ evaluation and referral system and resources</li> </ul>





	<ul style="list-style-type: none"> <li>• Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools</li> <li>• Begin enrolling clients to start in January</li> </ul>
Jan-Mar 2024	<ul style="list-style-type: none"> <li>• Begin ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)</li> </ul>
Apr-Jun 2024	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> <li>• 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.</li> </ul>
Jul-Sept 2024	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> </ul>
Oct-Dec 2024	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> </ul>
Jan-Mar 2025	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> <li>• Sustainability planning begins</li> </ul>
Apr-Jun 2025	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> <li>• Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.</li> </ul>
Jul-Sept 2025	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Initial sustainability plan presented, begin exploring options for sustainability</li> <li>• 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</li> </ul>
Oct-Dec 2025	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> </ul>
Jan-Mar 2026	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> <li>• Data tracking and collection</li> </ul>
Apr-Jun 2026	<ul style="list-style-type: none"> <li>• Continue ARISE in-home support services to clients and linkages to behavioral health services</li> </ul>



	<ul style="list-style-type: none"> <li>• Data tracking and collection</li> <li>• Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.</li> </ul>
Jun-Dec 2026	<ul style="list-style-type: none"> <li>• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026</li> </ul>
Jan-Mar 2027	<ul style="list-style-type: none"> <li>• Finalize replicable best practice model to share statewide and nationally</li> <li>• Disseminate final findings and evaluation report</li> </ul>

## Section 4: INN Project Budget and Source of Expenditures

### INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSAs 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 MHSAs 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.	<b>Total Personnel Costs</b>						<b>\$ 0</b>
	<b>OPERATING COSTS*</b>						
5.	Direct Costs						
6.	Indirect Costs	<b>\$10,000</b>	<b>\$40,000</b>	<b>\$35,000</b>	<b>\$35,000</b>	<b>\$25,000</b>	<b>\$145,000</b>
7.	<b>Total Operating Costs</b>						<b>\$145,000</b>
	<b>NON-RECURRING COSTS (equipment, technology)</b>						



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

\*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.

<b>BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</b>							
<b>ADMINISTRATION:</b>							
<b>A.</b>	<b>Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
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						
<b>6.</b>	<b>Total Proposed Administration</b>						<b>\$</b>



<b>EVALUATION:</b>							
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
1.	Innovative MHSAs 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						
<b>6.</b>	<b>Total Proposed Evaluation</b>						<b>\$100,000</b>
<b>TOTALS:</b>							
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>TOTAL</b>
1.	Innovative MHSAs 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
<b>6.</b>	<b>Total Proposed Expenditures</b>						<b>\$1,235,000</b>
<p>* INN MHSAs 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.</p>							