



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: 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

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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 - improvised 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 psychotherapy¹² 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

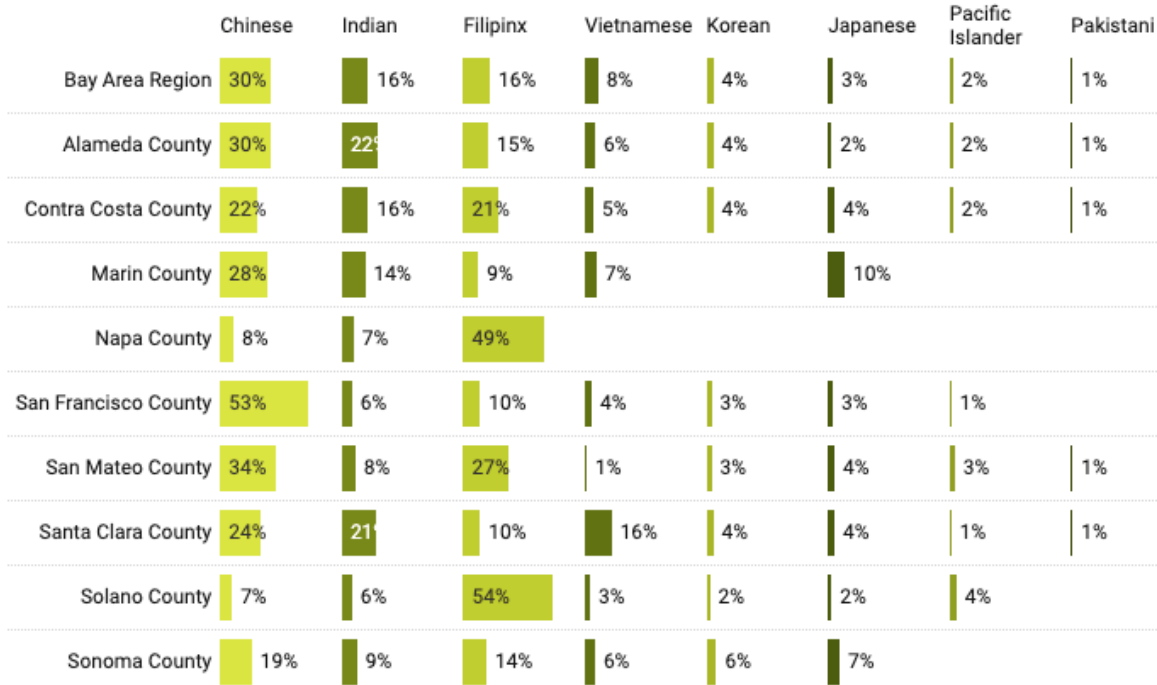


Chart: IPUMS USA 2019 5-Year Data for the Nine-county Bay Area Region | Bay Area Equity Atlas Note: Chinese excludes Taiwanese. Missing data indicates small sample size. • [Get the data](#) • Created with [Datawrapper](#)

¹⁴ San Mateo County All Together Better. Asian Population. <https://www.smcalletogetherbetter.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 Nijls 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](https://doi.org/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?
<p>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.</p> <p>There is not research on the extent to which music therapy builds community and protective factors.</p>	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?	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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?	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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?	<ul style="list-style-type: none"> ✓ 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 	<ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> • BHRS Administrative startup activities – RFP and contract negotiations •
July -Dec 2023	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Launch music group therapy classes and support groups • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2024	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection
Oct-Dec 2024	<ul style="list-style-type: none"> • Continue outreach, programming, and linkages to behavioral health services • Data tracking and collection



Jan-Mar 2025	<ul style="list-style-type: none"> Continue outreach, programming, and linkages to behavioral health services Data tracking and collection Sustainability planning begins
Apr-Jun 2025	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Continue outreach, programming, and linkages to behavioral health services Data tracking and collection
Jan-Mar 2026	<ul style="list-style-type: none"> Continue outreach, programming, and linkages to behavioral health services Data tracking and collection
Apr-Jun 2026	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026
Jan - March 2027	<ul style="list-style-type: none"> 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:

- | | | |
|---|---|--|
| <p>Service Contract: \$755,000</p> <ul style="list-style-type: none"> • \$255,000 for FY 23/24 • \$250,000 for FY 24/25 • \$250,000 for FY 25/26 | <p>Evaluation: \$75,000</p> <ul style="list-style-type: none"> • \$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) | <p>Administration: \$110,000</p> <ul style="list-style-type: none"> • \$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 for administration 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 MSHA 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 for EVALUATION 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 MSHA 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 MSHA 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 MSHA 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/performance 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

APPENDIX 2. MHSA THREE-YEAR CPP PROCESS



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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





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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. MHSА 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 were 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 MHSА Steering Committee on March 3, 2020 to gauge initial reactions and launch the Strategy Development phase of the CPP process.



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Strategy Development

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

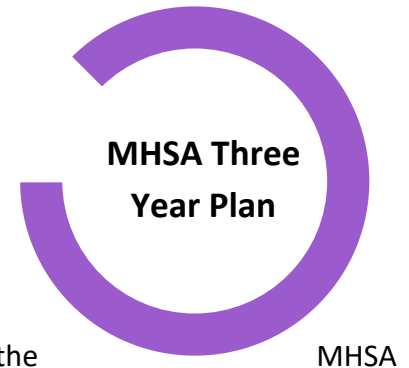


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strategy area and an opportunity for additional public comments was provided. The MHPA Steering Committee members were asked the following two questions via an online survey to help both a) rank the 5 Strategic Initiatives and b) rate the 22 strategies.

The [MHPA Three-Year Plan](#) development includes the MHPA 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 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 MHPA 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 MHPA 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 MHPA; 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



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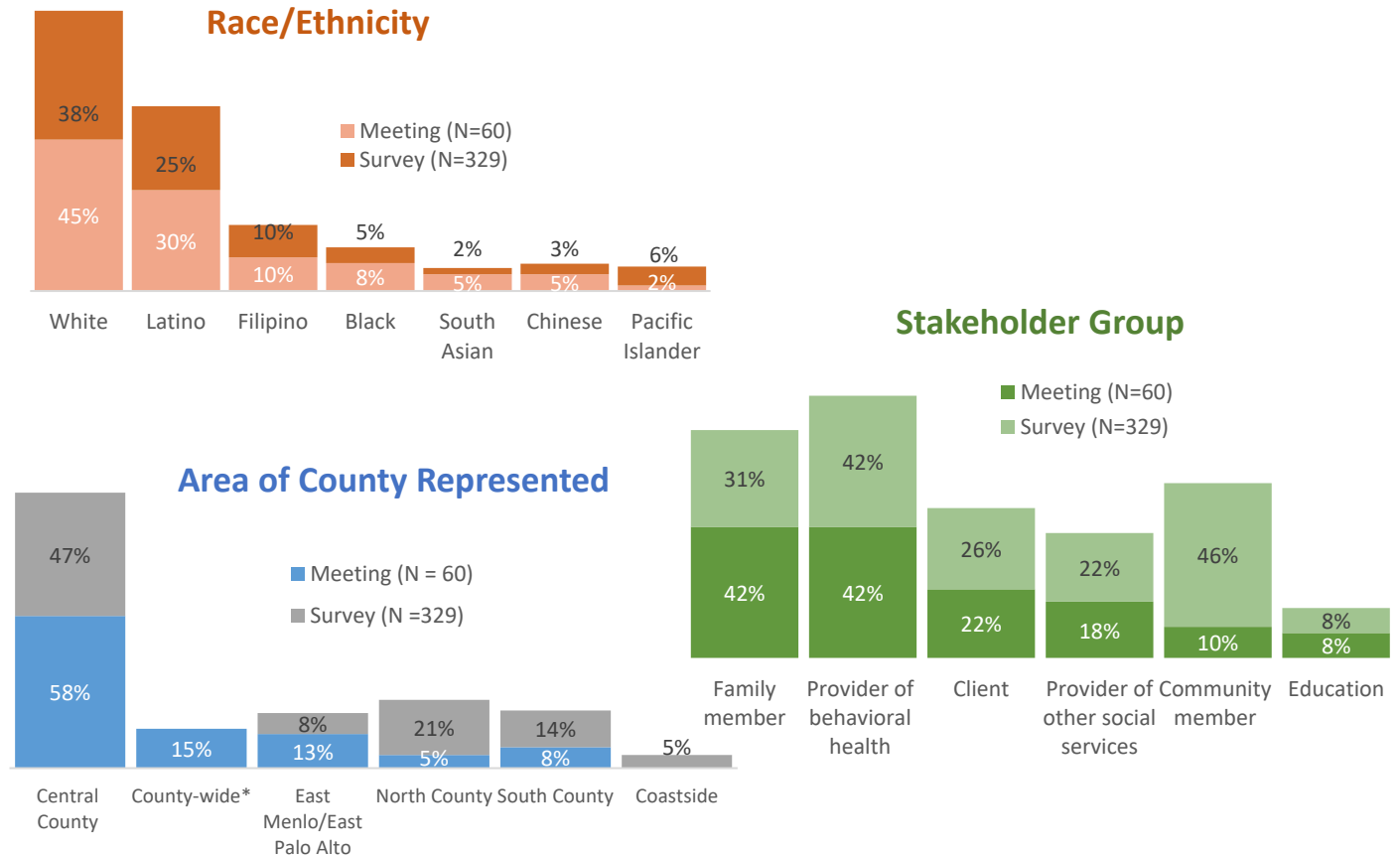
BEHAVIORAL HEALTH & RECOVERY SERVICES

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





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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

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

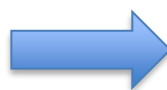


San Mateo County Behavioral Health and Recovery Services MHSA Innovation ~ Stakeholder Idea Submission Information Packet and Submission Form

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**
-



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 MHSAs core values and at least one strategic initiative from the MHSAs 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 services²)
- **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 MHA 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	<ul style="list-style-type: none"> How well the submission aligns with one or more strategic initiative from MHSA Three-Year Plan <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> How well the submission aligns with one or more the MHSA core values <ul style="list-style-type: none"> Community collaboration Cultural competence 	1 2 3 4 5



Criteria	Definition	Score
	<ul style="list-style-type: none"> ○ Consumer and family-driven services ○ Focus on wellness, recovery, resiliency ○ Integrated services 	
Project Reach and Access	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.



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:

- o 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



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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

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.
