SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Mental Health Services Act (MHSA)
Innovation Project Plan

County Name: San Mateo
Date submitted: 2/24/20
Project Title: PIONEERS (Pacific Islanders Organizing, Nurturing and Empowering Everyone to Rise and Serve) program
Total amount requested: $925,000 ($750K services; $100K admin; $75K eval)
Duration of project: 4 years

Section 1: Innovations Regulations Requirement Categories

GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria:

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

PRIMARY PURPOSE:

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

- ☑ **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.

Native Hawaiian/Pacific Islanders & Mental Health
Communities of color represent 61% of San Mateo County's population and yet continue to be disproportionately impacted by negative health outcomes. Native Hawaiian/Pacific Islanders (NHPI) in San Mateo County (11,543)[1] account for the largest NHPI population in the Bay Area and are anticipated to double in size by 2040. Addressing behavioral health inequities impacting the NHPI community in a culturally relevant manner, is a priority for our County. NHPI value family, church and community. Interconnectedness plays a central role in NHPI identity and yet the NHPI community is often excluded from societal benefits as they experience some of the highest disparities across various health indicators. In San Mateo County:

- Specialty mental health service penetration rates are lowest for both youth (1.8%) and adult (2.6%) Asian/Pacific Islander racial group[2]. In fiscal year 18/19, our Behavioral Health and Recovery Services (BHRS) served 260 NHPI.
- NHPI youth in San Mateo County schools (grade 9, 11) reported the highest rates of depression related feelings and seriously considered attempting suicide in the previous year.[3]
- Pacific Islanders have one of the highest rates of uninsured at 19.8%[4].

The Mental Health Services Act is explicit in the legislation that developing culturally relevant strategies for underserved populations is a priority. This was core to the California Reducing Disparities Project (CRDP) project, an MHSA- funded project and the largest investment from a State, in the nation, to look into diverse community perspectives on mental health disparities. Most recently, the MHSOAC initiated Youth Innovation Project shared findings from their youth focus groups and online surveys. Not surprisingly, lack of cultural competence was identified as a priority along with increasing preventative mental health services in schools. Yet, there are minimal examples of effective NHPI specific programs that promote mental wellness and link the community to services.

Primary Problem: High rates of depression and suicidality amongst NHPI youth

[1] U.S. Census Bureau, 2018 estimates, https://www.census.gov/quickfacts/sanmateocountycalifornia
[2] Performance Outcomes Adult Specialty Mental Health Services Report, March 22, 2018, https://www.dhcs.ca.gov/provgovpart/pos/. Penetration rates are calculated by taking the number receiving services and dividing by total Medi-Cal eligible.
[3] Lucille Packard Foundation for Children's Health, Kidsdata.org
[4] Advancement Project California; RACE COUNTS, racecounts.org, 2017.

NHPI College-age Youth
College-aged youth are a critical group to engage in behavioral wellness and broader community impact. Many college students experience first onset of mental health and substance use issues during this time.[5] Three out of five college students experience overwhelming anxiety[6] yet, few seek services. This is exacerbated for youth from vulnerable cultural/ethnic families. Studies have found that students of color experience higher levels of mental health difficulties due to racial discrimination, stigma, tendency to not engage in help-seeking behaviors and lack of culturally relevant support services[7]. There is an association between mental health challenges and lower academic achievement and higher dropout rates, especially for ethnic/cultural minority groups. Among Pacific Islanders, 47% of Guamanians, 50% of Native Hawaiians, 54% of Tongans, and 58% of Samoans entered college, but leave without earning a degree.[8]

NHPI make up 1.7% (484) of the San Mateo District Community College student enrollment[9]. Specifically, for NHPI students, the gap between accessing behavioral health services on campus is the expectation that they would access services because they are in need - experiencing a challenge, crisis, or trauma. Understanding and supporting cultural identity is critical for college-age youth mental health.[10] A variety of studies show that ethnic minority college students may have fewer indirect experiences with help-seeking, such as knowing family members or close friends who have sought professional psychological services; may perceive on-campus psychological services as irrelevant and not culturally competent; and may not perceive health service utilization as an established cultural practice.

Need for Culturally Responsive Behavioral Health Services
NHPI's associate individuals with mental illness or mental health issues as sick or demon-possessed; they are extremely rooted in their faiths and believe serving God and prayer are the only cures for healing. This highly emphasized stigma forces NHPIs to internalize their emotions and just get over it when faced with mental health challenges. This stigma serves as an heirloom being passed down from generation to generation. For NHPI students, seeking and speaking to a counselor, therapist, or psychiatrist is such a foreign concept because NHPI families typically deal with their issues at home. Speaking to someone outside of their family unit is discouraged because of shame and dishonor to their family name.

Another factor is that there are few to no NHPI counselors, therapists, or psychiatrists. This same stands in regard to medical care and higher education. NHPIs often do not seem

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[5] National Council on Disability, Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs, July 21, 2017
[6] American College Health Association, National College Health Assessment, https://www.acha.org/
[7] National Council on Disability, Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs, July 21, 2017
[8] U.S. Census Bureau. American Community Survey Reports, 2010. The National Commission on Asian American and Pacific Islander Research in Education.
[9] California Community Colleges, Student Success Metrics, https://www.calpassplus.org/LaunchBoard/Student-Success-Metrics.aspx
[10] Srivastava, R., & Srivastava, R. (2018). Impact of Cultural Identity on Mental Health in Post-secondary Students. *International Journal of Mental Health and Addiction*, *17*(3), 520–530. doi: 10.1007/s11469-018-0025-3

themselves reflected in these professions enough to 1) imagine themselves in these types of professions 2) feel comfortable seeking services and 3) believe that these professions and services are not only for white people.

The current state of behavioral health services is not meeting the needs of the NHPI community because the services are designed without the NHPI community in mind. NHPIs are expected to utilize behavioral health services simply because they are available when in actuality they do not connect, resonate, nor appeal to the community.

NHPI Leadership Development
There is a lack of investment in personal and professional leadership development of NHPI to champion solutions for healthier outcomes for their community. Improving behavioral health services in a culturally responsive way for NHPIs begins with investing in NHPI young leaders. Young people are plugged into their families, respective churches, schools, sports, student groups, and often are responsible for caring for their elderly family members. This population of NHPIs have the potential to be the change agents in demystifying and dismantling mental illness and mental health stigma in their community.

The investment can fund intentional programming designed by and for NHPI youth to promote linkages, awareness and education about behavioral and emotional health that is culturally relevant to NHPI students, and lead to both 1) developing NHPI leaders in the community, including potentially a pipeline of NHPIs into the public behavioral health field to that could help transform culturally responsive behavioral health care services, and 2) begin shifting the cultural norms of NHPI community to support their emotional wellbeing and behavioral health outcomes.

San Mateo County Public Health Chronic Disease and Injury Prevention previously sponsored a leadership development program with San Mateo High School NHPI youth. It was through these sessions that the need for trauma-informed emotional wellbeing-focused spaces was critical to developing resilient youth NHPI leaders. An NHPI student disclosed that they were seeing a therapist in secret because they did not want to be ostracized by their family. Unfortunately, their visits did not last. NHPIs would rather suffer in silence than bear the weight of shame because fear of being vulnerable, feeling exposed, and losing face among their families and communities.

An NHPI leadership program focused on higher education eventually had to designate a separate space for students to decompress, take a break, and process because the material being covered brought up a lot of past traumas and triggers that have not been addressed. It was a lot for NHPI students to hold on to and process while in that space. Thereafter, that space became a staple in the program. After the program finished, NHPI students would express their need for that space once they were back in their everyday routines.

PROPOSED PROJECT

Describe the INN Project you are proposing.

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

The proposed project, Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (PIONEERS) provides a culturally relevant behavioral health program for NHPI college-age youth that prioritizes the mental wellbeing of students and their respective communities through empowerment, leadership and advocacy. There is no behavioral health prevention program focused specifically on NHPI college-age youth; ***the innovation will offer a culturally responsive behavioral health prevention program for the NHPI community.***

The PIONEERS program will increase access to behavioral health services for NHPI college-age youth by 1) addressing mental health challenges 2) increasing awareness about the importance of emotional health; 3) building the capacity of NHPI advocates for behavioral health; and 4) improving culturally competent services and treatment for NHPI students on college campuses.

The PIONEERS program will target NHPI college-age youth and run by a community-based behavioral health provider to support linkages to direct treatment for youth who may need it. The CalMHSA Student Mental Health Program (SMHP), a statewide PEI initiative funded by MHSA, set out to improve student mental health across all 114 community college campuses, awarded 30 campus-based grants to expand and enhance the capacity to address the mental health PEI needs of their students, faculty, and staff. A formal evaluation of these programs by RAND Corporation found that campuses are in critical need of direct services and referrals to county and community agencies are often met with limited (or temporary) resources. The proposed project will also develop a new partnership in San Mateo County between San Mateo County Community Colleges, Behavioral Health and Recovery Services and community-based behavioral health providers, which will be core to supporting a much needed service on campuses.

Cultural responsiveness

Two identified barriers to accessing care for NHPI youth are 1) behavioral health stigma and 2) the cultural humility necessary to work with NHPI youth regarding behavioral health. Educating the campus about suicide, mental illness, and emotional wellbeing cannot be a cookie-cutter approach; educating the campus about all things behavioral health must be equitable and relevant to the population served.

The three local campuses of the San Mateo County Community College District (SMCCCD), Skyline College, College of San Mateo, and Cañada College, were examined to determine the level of mental health services and resources available to students on campus. Each campus had standard personal counseling offices staffed with licensed mental health professionals. All three campuses clearly defined that students need to make an appointment, counseling sessions are brief, and are limited to the academic calendar. Each campus had different resources available: drop-in center; wellness center; mental health peer educators; and educational trainings and workshops. Not one campus had any specific efforts on campus focused on vulnerable

ethnic populations. The closest program was a peer-to-peer support service offered at College of San Mateo. The services and resources are open to all and do not focus on any specific ethnic group.

Based on research outside of San Mateo County, Universities in California offer more mental health resources. California State University, Long Beach has a program called Project OCEAN (On-Campus Emergency Assistance Network) that was federally funded by Substance Abuse and Mental Health Services Administration (SAMHSA) between 2008-11, MHSA PEI funded through CalMHSA between 2012-14 and was permanently institutionalized in 2014 through Student Affairs based on impact of the program. Project OCEAN's is a peer education program that supports the mental health concerns of all students.

The CalMHSA SMHP initiative made significant momentum around stigma reduction and mental health awareness on college campuses, and yet, the programs did not look at cultural disparities and needs of some of the most vulnerable youth. The proposed project was developed by the BHRS Office of Diversity and Equity, Pacific Islander Initiative with culture responsiveness at the core and throughout each phase of the project and community input in the process. The PIONEERS program will include culturally focused strategies with the goal of participants developing protective factors for NHPI college-age youth as they understand cultural and mental health connections and develop leadership skills.

Leadership and community advocacy
Individual focused behavioral health prevention programs alone can develop protective factors for youth and linkages to needed behavioral health supports. A comprehensive approach integrating social and community-level strategies can have an exponential impact on behavioral health outcomes. It is well documented that improving behavioral health outcomes requires broader approaches that consider social determinants of health including community and social context (social integration, support systems, community engagement). Pertinently, the NHPI community embraces a collectivist culture, a prevention approach that integrates developing youth NHPI leaders (and hopefully contributors to a transformed behavioral health workforce) and giving back to their communities, especially given the broad health disparities impacting NHPI, is not only smart practice but culturally relevant.

Based on final research outside of the United States, there is a plethora of mental health content for NHPI in Aotearoa/New Zealand. Le Va (www.leva.co.nz). Le Va is ran by NHPI professionals who prioritize mental health, provide education and trainings for the NHPI community on how to work with the NHPI community, and build the capacity of NHPI's to thrive in the health and disability workforce. There is nothing like Le Va that exists in the U.S. for NHPI's.

The proposed project (PIONEERS Program) will consist of 4 key components:

1) YOUTH ADVISORY CIRCLE

- An advisory circle of NHPI college-age youth and the Pacific Islander Initiative will be recruited early in the project start-up phase. The advisory circle will inform all aspects of the PIONEERS program including the final program curriculum, activities, outreach strategies, evaluation and dissemination of the findings. While all current components of the project where developed based on learnings from youth themselves through other community leadership development and behavioral health spaces, youth will continue to play a critical role in the evolution of this project.

2) PIONEER INSTITUTE

- The 5-day PIONEER program provides cultural education alongside discussions and discoveries of self, identity, history, community, mental health, issues, institutions, policies, and other topics that develop young leaders' knowledge, skills, and network.
- Pending review and input from the youth advisory circle for the project, some of the topics addressed in the 5-day PIONEER curriculum may include:
    - **Lifelines:** Pacific Islanders' lineage a common history and more importantly share genealogy with one another. This connectedness is foundational to the way Pacific Islanders relate to one another, a bond that predates Western interruption. As communities continue to grow in the United States, they are also dispersed across the country diminishing bonds that once held families and nations together. Sharing one's journey and story is the first step to learning about one another and sparking warmth that can only be reignited when embracing kin.
    - **Migration Stories:** The exploration of the current state of the Pacific Islander community in the U.S. needs to start with the genesis of the community in this country. That starts at the inception of the idea to cut the umbilical cord from the motherland in the pursuit of a greater source of life for future generations. The stories of the migrant generation hold the visions that brought them thousands of miles across the ocean; stories, and therefore visions, that are nearly lost on the current generation. Hearing these stories breathe life back into these visions as parents and elders pass these stories to the students. Allowing students time to share their story with their peer, then visualize it on paper, gives them time to think more deeply about their individual story while drawing a bond with their peer's journey. The process of comparison automatically sets the stage for contrasting the visions in their stories to their current experiences. This prepares students' minds for further exploration of issues in the Pacific Islander communities.
    - **Community Memberships:** Part of understanding oneself is to understand where we belong and that isn't limited to our families. Belonging is wherever we place ourselves in any given situation at any given time. These assignments are determined by personal values and belief systems. These groupings are often socially constructed according

to societal expectations and norms. Understanding where we assign ourselves; how we prioritize those assignments; and recognizing the privileges and constraints that they come with affords a greater understanding of others while opening up the possibilities for acceptance and embrace of those different from ourselves.

- **Power of Resistance:** Leaders like Nat Turner, Sojourner Truth, and Marcus Garvey resisted and revolted against the disdain of Black people by White oppressors. Nat Turner was the first slave to lead a rebellion; Sojourner Truth escaped slavery and became an abolitionist; Marcus Garvey was a Black Nationalist. These leaders paved the way for future leaders such as Dr. Martin Luther King, Jr., Malcolm X, and Angela Davis. As Pacific Islanders, our people suffered oppression through colonization of our homelands. Many of our islands were occupied by military forces, used for atomic bomb testing, or stolen for its natural resources. Resistance has been something our ancestors demonstrated even before migrating to the United States. When Hawaiian language was banned in 1896, Queen Liliuokalani and the Hawaiian people snuck letters to each other written in Hawaiian language wrapped in flowers; when Lauaki Namulauulu Mamoe established the Mau a Pule, a resistance group against German rule, he was exiled from his homeland to Saipan; when Tupua Tamasese led a peaceful march in Samoa, he was killed by German forces. Leaders of our islands understood the necessity of having a voice, the power in organizing and standing together, the importance of resisting what they felt was wrong! Many died in the resistance that is now part of our legacy as Pacific Islanders.
- **Mana Room:** Mana is a term used in Polynesia, Melanesia, and Micronesia that is the foundation of our world view. Mana is a form of spiritual energy; healing energy; powerful energy; a sacred force existing in the universe. Mana is positive energy transmitted through land, the environment, sacred objects, and people.

3) MANA SESSIONS

- PIONEER Mana Sessions will be provided once a month in the fall. These sessions provide safe space to decompress, engage in group discussions centered around mental health and wellness, and skills building workshops.

4) FORWARD MOVEMENT PROJECTS

- Identify opportunities to give back or be of service to their community; lead workshops and discussions with high/middle school students and the broader community. Apply knowledge acquired from PIONEERS to determine what students' needs are, develop workshops, and provide it for them.

Project implementation activities

- Hire NHPI staff that have experience and rapport serving the NHPI community in San Mateo County and represent the different neighborhoods across the county with high NHPI population.
- Work with faculty and campus staff to set up the program schedule and get any infrastructure needed in place prior to launch
- Recruit advisory circle of NHPI college-age youth and the Pacific Islander Initiative to inform the program curriculum, activities, outreach strategies, implementation and evaluation.
- Work with the advisory circle to finalize the PIONEERS program.
- Identify potential community opportunities and NHPI leaders and partners to support PIONEERS' youth in their forward movement project.
- Work with evaluators to set up a continuous feedback process, evaluation tools and plan.
- Conduct outreach to engage NHPI college-age youth from both on-campus and the community.
- Launch the first cohort of NHPI student PIONEERS.

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

☑ **Increases access to mental health services to underserved groups**

C) Briefly explain how you have determined that your selected approach is appropriate.

The planning of the PIONEERS program has involved stakeholders from the system of care and the community, including NHPI youth. The idea was brought forward by the Pacific Islander Initiative (PII), a collaborative of providers, community leaders, clients/family members. PII stakeholders have been working on the idea for years prior to applying for innovation funds taking into account learnings from a previous youth leadership development program and deep understanding of the cultural barriers to accessing behavioral health care services. Based on a comprehensive review of published literature, web-based searches, the following were identified as key considerations for the project activities and approach:

1. **NHPI College-Age Youth** - There is a need for promising sustainable practices that address the mental health needs of NHPI college-age youth.
2. **Cultural Relevance** - Cultural identification and responsiveness is critical for the mental health of NHPI youth as they explore the opposing values of two cultures.
3. **Health Disparities** – Significant disparities in quality of life and behavioral health outcomes exist for NHPI communities.

These findings were used as supporting evidence for the proposed interventions and selected approach for this project. Appendix 1. Theory of Change illustrates the pathways between these five key considerations, the interventions or activities, expected outcomes, and learning objectives.

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

An NHPI Peer Counselor will engage NHPI youth on local college campuses. In FY 2017- 2018, there were 484 NHPI youth enrolled in San Mateo District Community Colleges and about 450 NHPI youth in grades 9-12. The expected annual reach is:

- 45 NHPI college-age youth engage in PIONEER program services
    - 90% develop protective factors (cultural and mental health awareness, self-identity and coping skills)
    - 90% attitudes and knowledge towards mental health improve
    - 80% youth mental health improves (suicide ideation, anxiety, depression)
    - 90% NHPI youth referred to behavioral health services; 85% follow through and engage in services

- 30 NHPI community youth engaged through the program's community advocacy component
    - 90% of all NHPI youth attitudes and knowledge towards mental health improve
    - 90% reduced stigma and improved awareness

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

The PIONEERS program will target NHPI college-age youth. While data is limited for this community, we know that the NHPI community experiences some of the highest disparities across various health indicators. The Census Bureau reports that 17.6% of the NHPI community lived below poverty, compared to a national poverty rate of 11.7% for Asians and 11.6% for Whites.

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 key differences with the proposed project compared to other college mental health programs include:

- Cultural responsiveness to NHPI youth
- Community advocacy connection as NHPI college-age youth engage in broader NHPI community impact

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.

A comprehensive online and literature search was conducted for

- College mental health programs and lessons learned (online)
- Best practices for college mental health strategies (literature)
- Need for culturally responsive college mental health programs (literature)

Gaps in the literature and practice	Proposed intervention
No culturally specific, comprehensive college mental health programs for NHPI community. Culturally relevant outreach and engagement strategies (peer educators, cultural events) but a cookie-cutter approach to mental health.	The proposed project will incorporate cultural responsiveness into every phase and aspect of the program.
Community colleges and two-year institutions experience greater challenges, than 4-year universities, with providing mental health services.	The proposed project will develop a new partnership between community colleges and, county and community behavioral health providers.
No examples of college mental health programs that consider NHPI social determinants of behavioral health outcomes.	The proposed project will empower NHPI youth to get involved in a community advocacy project.

- CalMHSA – market research
- RAND Corporation, https://www.rand.org
- SAMSHA Programs, https://www.samhsa.gov/behavioral-health-equity/aanhpi
- Lucille Packard Foundation for Children's Health, https://www.kidsdata.org
- Asian & Pacific Islander American Health Forum, https://www.apiahf.org
- National Asian American Pacific Islander Mental Health Association, http://naapimha.org
- U.S. Census Bureau, 2018 estimates, https://www.census.gov/quickfacts/sanmateocountycalifornia
- Performance Outcomes Adult Specialty Mental Health Services Report, March 22, 2018, https://www.dhcs.ca.gov/provgovpart/pos/. Penetration rates are calculated by taking the number receiving services and dividing by total Medi-Cal eligible.
- Advancement Project California; RACE COUNTS, https://www.racecounts.org, 2017.
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- U.S. Census Bureau. American Community Survey Reports, 2010. The National Commission on Asian American and Pacific Islander Research in Education.
- California Community Colleges, Student Success Metrics, https://www.calpassplus.org/LaunchBoard/Student-Success-Metrics.aspx
- Srivastava, R., & Srivastava, R. (2018). Impact of Cultural Identity on Mental Health in Post-secondary Students. International Journal of Mental Health and Addiction, 17(3), 520–530. doi: 10.1007/s11469-018-0025-3

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?

Learning Goal #1 - Mental Health Outcomes

- Does the PIONEER program improve mental health outcomes for NHPI college-age youth?

Learning Goal #2 - Access

- Does a culturally relevant college and community focused intervention improve access to behavioral health services for NHPI college-age youth?

Learning Goal #3 - Capacity Building

- Does integration of leadership and community advocacy improve quality of life outcomes for NHPI?

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

As stated prior, the two key differences with the proposed project include:

- Cultural responsiveness to NHPI youth *(Learning Goal #1 and #2)*
- Community advocacy connection as NHPI college-age youth engage in broader NHPI community impact *(Learning Goal #3)*

The learning goals are directly connected to the needs, strategies (including the approaches that are new in the proposed project) and outputs as depicted in Appendix 1. Theory of Change.

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 and the Aging and Adult Services program coordinator 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.

Learning Goal #1 -Mental Health Outcomes

- Does the PIONEER program improve mental health outcomes for NHPI college-age youth?

Due to unavailable baseline data specific to NHPI youth mental health outcomes, the following indicators will be collected as a baseline and tracked throughout the project to inform Learning Goal #1. Measures and methods could include:

- Number of NHPI college-age youth that engage in PIONEER program services
    - Percent of youth whose mental health improves (suicide ideation, anxiety, depression), as determined by pre/post screening.

Additionally, occasional interviews or planned focus groups with students that engage with the PIONEERS program can help us determine the **level of satisfaction** and narrative for the impact this project may have on NHPI student's **emotional health**. Demographics of youth that engage will also be collected.

Learning Goal #2 - Access

- Does a culturally relevant college and community focused intervention improve access to behavioral health services for NHPI college-age youth?

Some baseline data exists, while other indicators will be collected as a baseline and tracked throughout the project to inform Learning Goal #2. Measures and methods could include:

- Number of NHPI college-age youth referred to behavioral health services
- Percentage that follow through and engage in services (some baseline data available through BHRS)
- Percent develop cultural pride and sense of belonging, as determined by pre/post survey
- Percent decreased stigma and increased knowledge about available behavioral health resources, as determined by pre/post survey.

Additionally, the same occasional interviews or planned focus groups with youth that engage with the PIONEERS program (mentioned above) can include questions about **cultural awareness** determine the level of impact on **attitudes and behaviors towards mental health** and service utilization.

Learning Goal #3 - Capacity Building

- Does integration of leadership and community advocacy improve quality of life outcomes for NHPI?

The NHPI community embraces a collectivist culture, a prevention approach that integrates NHPI youth leadership and giving back to their communities, especially given the broad health disparities impacting NHPI, can have broad positive health outcomes. Due to unavailable baseline data specific to NHPI youth, the following indicators will be collected as a baseline and tracked throughout the project to inform Learning Goal #3. Measures and methods could include:

- Number of NHPI college-age youth engaged through the program's community advocacy component.

Pre/post surveys to determine:

- Improved protective factors (cultural and mental health awareness, self-identity and coping skills) of both community and youth participants
- Improved leadership skills (confidence, concrete tools, etc.)
- Improved educational outcomes (i.e. graduating with a degree)

Additionally, occasional interviews or planned focus groups with students and community youth that engage with the PIONEERS program can help us determine the **level of satisfaction** and narrative for the **impact on quality of life** , including educational goals. Pre- and post- to assess **protective factors**, internal strengths and external supports across several contexts: personal, peers, family, school, and community.

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 (CPP) 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. Appendix 2 illustrates and describes the Three-Year Plan CPP process for San Mateo County.

Between February and March 2019, a broad solicitation of innovation ideas was launched. Both a flyer and an MHSA Innovation Idea Form were circulated through various means:

- Flyers are sent to/placed at County facilities, as well as other venues like family resource centers and community-based organizations;
- 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 1,500 community members and partners;
- Word of mouth on the part of committed staff and active stakeholders,
- Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, the BHRS Wellness Matters bi-monthly e-journal and the BHRS Blog www.smcbhrsblog.org
- MHSA Innovation brainstorming sessions held with groups that requested it (Lived Experience Workgroup, MHSARC Older Adult Committee).

The MHSA Innovation Idea Form requested narrative on the proposed idea/project and information to ensure the idea meets the requirements for Innovation funding. Additionally, in San Mateo County we had the requirement that the idea address the MHSA Three-Year Plan prioritized needs:

- Engagement and integration of older adults across services and prevention activities
- Culturally relevant outreach and service delivery
- Integration of peer/family supports across services and prevention activities
- Integration of co-occurring practices across services and prevention activities
- Engagement services for transition-age youth (mentoring, education, peer support)
- Broader housing options to support individuals across the continuum of care

We received 35 MHSA Innovation Idea Forms, which speaks to the need for innovation in serving some of our most vulnerable communities' needs. All submitted ideas were pre-screened against the Innovation requirements, twenty-one were moved forward to an MHSA Innovation Selection Committee. The committee was made up of diverse clients, family members, community service providers and staff. All projects were reviewed and prioritized by the committee and included an Impact/Effort assessment and scoring. Five proposed Innovation ideas moved forward to develop into full Innovation project proposals for approval by the Mental Health Oversight and Accountability Commission (MHSOAC).

On October 2, 2019, the MHSA Steering Committee met to review the 5 project ideas and provide comment and considerations for the projects. The MHSARC voted to open the 30-day public comment period and reviewed MHSOAC comments, during the public hearing and closing of the public comment period on November 6, 2019. No other substantive comments were received. All comments are included in Appendix 3.

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 proposed project will require partnerships for success, between NHPI college-age youth, Community Colleges, County BHRS, and community behavioral health services. The planning of the PIONEERS program has involved stakeholders from the system of care and the community, including youth. The idea was brought forward by the Pacific Islander Initiative (PII), a collaborative of providers, community leaders, clients/family members including youth. The collaboration with PII will continue through implementation in an advisory role to the project.

B) Cultural Competency

The entire project is rooted in cultural values and the understanding that cultural shapes mental health. Programming will leverage the collectivist culture of the NHPI community.

C) Client/Family-Driven

As mentioned above, PII will continue to play a role in the implementation of this project. This program is a prevention strategy targeting individuals that have not been diagnosed with a mental health condition. Clients and family members will be engaged in an advisory capacity through the PII or as independent member of an advisory board. The Mental Health Substance Abuse and Recovery Commission Older Adult Committee, which is made up of clients, family members and providers will be an ideal resource for this role. The evaluation contractor will gather input on the evaluation questions and strategies, develop quarterly progress reports to share preliminary findings and gather input from the advisory group.

D) Wellness, Recovery, and Resilience-Focused

Supporting wellness, recovery and resilience is accomplished through relationships and social networks, flexibility, respect and responsiveness, and taking a wholistic approach that considers overall health, stable housing, independence, etc. These principles are key to the strategies of the proposed project including hiring peer mental health workers that have experience serving the NHPI community in San Mateo County to conduct the programming, focusing on stigma reduction and trust building conversations and a process that aims to creating safe spaces and reduce stigma and shame.

E) Integrated Service Experience for Clients and Families
A request for proposal process will select the service provider that will own the contract for these services. Pre-launch planning and ongoing collaboration will be critical to offering an integrated service experience for recipients. PIONEERS program peers will need to be well-informed on the full range of services at BHRS and the community and build relationships with gatekeepers to ensure a coordinated referral and warm hand-off process.

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.

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

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The advisory group will be engaged in the evaluation and adjustments of the project. In addition, the MHSA Steering Committee will be a venue for vetting next steps with diverse stakeholders. If the evaluation indicates that the proposed project is an effective means of increasing access to behavioral health services for at risk older adults 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 Mental Health and Substance Abuse Recovery Commission for approval and to a 30-day public comment process to secure ongoing PEI funding. Contractors will be asked to develop a sustainability plan as part of their project proposal.

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 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 1,500 subscribers.

The BHRS's e-journal, Wellness Matters is published the first Wednesday of every other month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, with a standing column written by the County's MHSA Manager. The BHRS Blog also provides a forum for sharing and disseminating information broadly. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis at the monthly Mental Health and Substance Abuse and Recovery Commission meeting at the 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.

- NHPI Youth Behavioral Health
- NHPI College Behavioral Health Program
- Culturally Responsive Behavioral Health Prevention

TIMELINE

A) Specify the expected start date and end date of your INN Project

April 1, 2020 – December 31, 2023

B) Specify the total timeframe (duration) of the INN Project

4 years

- BHRS administrative project start-up through June 30, 2020
- 3 years of project implementation July 1, 2020 through June 30, 2023
- Final evaluation report due December 31, 2023

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

The timeline will be negotiated and finalized with the contracted partner agency and may change during implementation:

April 1, 2020 – June 30, 2020

- BHRS Administrative startup activities – RFP and contract negotiations

July 1, 2020 – September 30, 2020

- Project startup activities – establish/formalize agreements as needed (with colleges, other providers), establish advisory group, hire staff, set up infrastructure for implementation/evaluation and referral system and resources
- Evaluator to meet with contractor, advisory group and BHRS staff to discuss evaluation plan and tools

October 1, 2020 – December 31, 2020

- Onboarding of staff – training, relationship building, networking
- Determine schedule of programming, finalize promotional materials, referral resources and tools
- Evaluation plan finalized including data collection and input tools

January 1, 2021 – June 30, 2021

- Promotion and recruitment begin
- Data tracking and collection begins
- First evaluation quarterly report January 1, 2021 – March 31, 2021 presented to advisory group for input, adjustments to strategies, tools and resources, based on operational learnings to-date and quantitative data available.

July 1, 2021 – December 31, 2021

- Qualitative data collection begins (interviews, focus groups, etc.)
- Sustainability planning begins
- Continue promotion, programming, referrals and warm hand-offs
- Continue evaluation quarterly reports to request input and determine adjustments, as

needed

January 1, 2022 – June 30, 2022

- Continue sustainability planning
- Continue promotion, programming, referrals and warm hand-offs
- Continue evaluation activities and quarterly reports to request input and determine adjustments, as needed

July 1, 2022 – December 31, 2022

- Initial sustainability plan presented
- Engage MHSA Steering Committee and MHSARC on issue of continuation of the project with non-INN funds
- Determine if PEI dollars will be available to fund all or portions of the project
- Continue promotion, programming, referrals and warm hand-offs
- Continue evaluation activities and quarterly reports to request input and determine adjustments, as needed

January 1, 2023 – June 30, 2023

- Sustainability plan finalized
- Continue promotion, programming, referrals and warm hand-offs
- Continue evaluation activities and quarterly reports to request input and determine adjustments, as needed

July 1, 2023 – December 31, 2023

- Complete evaluation analysis and report
- 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 3.9 years is $925,000, which will be allocated as follows:

Service Contract: $750,000
- $250,000 for FY 20/21
- $250,000 for FY 21/22
- $250,000 for FY 22/23

Evaluation (10%): $75,000
- $30,000 for FY 20/21
- $20,000 for FY 21/22
- $20,000 for FY 22/23
- $5,000 For FY 23/24

Administration (15%): $100,000
- $20,000 for FY 19/20
- $30,000 for FY 20/21
- $30,000 for FY 21/22
- $20,000 for FY 22/23

Direct Costs will total $750,000 over a three-year term and includes all contractor expenses related to delivering the services (salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total $150,000
- $75,000 for the evaluation contract with the final report will be due by December 31, 2024. The evaluation contract includes developing a plan, supporting data collection, data analysis and submitting annual reports to the MHSOAC.
- $100,000 for BHRS county business, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project

Federal Financial Participation (FFP) there is no anticipated FFP. **Other Funding** N/A

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	$20,000	$30,000	$30,000	$20,000		$100,000
4.	**Total Personnel Costs**	**$20,000**	**$30,000**	**$30,000**	**$20,000**		**$100,000**
OPERATING COSTS		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/34**	**TOTAL**
5.	Direct Costs						
6.	Indirect Costs						
7.	Total Operating Costs						
NON RECURRING COSTS (equipment, technology)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
8.							
9.							
10.	**Total Non-recurring costs**						
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
11.	Direct Costs		$250,000	$250,000	$250,000		$750,000
12.	Indirect Costs		$30,000	$20,000	$20,000	$5,000	$75,000
13.	**Total Consultant Costs**		**$280,000**	**$270,000**	**$270,000**	**$5,000**	**$825,000**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
14.							
15.							
16.	**Total Other Expenditures**						
BUDGET TOTALS							
Personnel (line 1)							
Direct Costs (add lines 2, 5 and 11 from above)			$250,000	$250,000	$250,000		$750,000
Indirect Costs (add lines 3, 6 and 12 from above)		$20,000	$60,000	$50,000	$40,000	$5,000	$175,000
Non-recurring costs (line 10)							
Other Expenditures (line 16)							
TOTAL INNOVATION BUDGET		**$20,000**	**$246,000**	**$246,000**	**$231,000**	**$12,000**	**$925,000**

*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**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$20,000	$280,000	$280,000	$270,000		$850,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	**$20,000**	**$280,000**	**$280,000**	**$270,000**		**$850,000**
EVALUATION:							
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds		$30,000	$20,000	$20,000	$5,000	$75,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**		**$30,000**	**$20,000**	**$20,000**	**$5,000**	**$75,000**
TOTAL:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY**	**FY 19/20**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$20,000	$310,000	$300,000	$290,000	$5,000	$925,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**$20,000**	**$310,000**	**$300,000**	**$290,000**	**$5,000**	**$925,000**
*If "Other funding" is included, please explain.							

Appendix 1. Theory of Change

Theory of Change

Primary Problem: High rates of depression and suicidality amongst NHPI youth

Key Considerations (from the literature)

College Youth Mental Health
College-aged youth often experience first onset or worsening of mental health and substance use issues; this is exacerbated for NHPI and students of color due to discrimination, stigma, self-identity and lack of culturally relevant services.

Cultural Relevance
There is a lack of culturally relevant strategies on college campuses for supporting NHPI youth mental health.

Health Disparities
Significant disparities in health and behavioral health outcomes exist for NHPI communities; broader approaches that consider social determinants are key

Interventions

On-Campus Programming
Services will be provided primarily on-campus to support stigma reduction and participation of NHPI youth in college. Students will lead mental health dialogues, awareness, etc. in the community to allow for broader impact and reach of NHPI youth.

PIONEERS program will provide:
Cultural Education as it relates to wellness and mental health
Mana Group Sessions for peer discussions centered on wellness and mental health

Community Advocacy to impact broader changes for NPHI community. College students will lead community discussions and at high-middle schools, conduct community health advocacy or capacity building efforts, etc.

Outcomes

Stigma Reduction
45 NHPI college students engage in program services
30 NHPI community youth engaged with the program
90% college student participants develop protective factors (cultural and behavioral health awareness, self-identity and coping skills)
90% NHPI youth attitudes towards and knowledge about behavioral health improve.

Youth Mental Health
Decreased mental health challenges (suicide ideation, anxiety, depression)
90% NHPI youth referred to behavioral health services;
85% engage in services

Community Mental Wellness
90% reduced stigma and improved awareness

Learning Objectives

Learning Goal #1
Does the PIONEER program improve mental health knowledge and decrease stigma for NHPI college-age youth?

Learning Goal #2
Does contextualizing culture with mental health improve attitude and behavior of NHPI college-age youth towards behavioral health service utilization?

Learning Goal #3
Does a culturally relevant college and community focused intervention improve access to behavioral health services for NHPI?

MHSA INN Primary Purpose

Increased access to behavioral health services

Appendix 2. Community Planning Process for MHSA Three-Year Plan

San Mateo County Mental Health Services Act

Three-Year Plan FY 2017-2020

Community Program planning (CPP) process

In December 2016, a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan was kicked off by our local mental health board, the Mental Health and Substance Use Recovery Commission (MHSARC). Planning was led by the MHSA Manager and the Director of BHRS along with the MHSARC and the MHSA Steering Committee.

A draft CPP process was presented to and vetted by the MHSARC. The MHSARC was asked for their input and comments on the process and what other stakeholder groups should we be reaching out to in each of the CPP Phases.

STAKEHOLDERS INVOLVED

Input was sought from twenty nine diverse groups and vulnerable populations to include perspectives of different backgrounds and interests including geographical, ethnic, cultural and

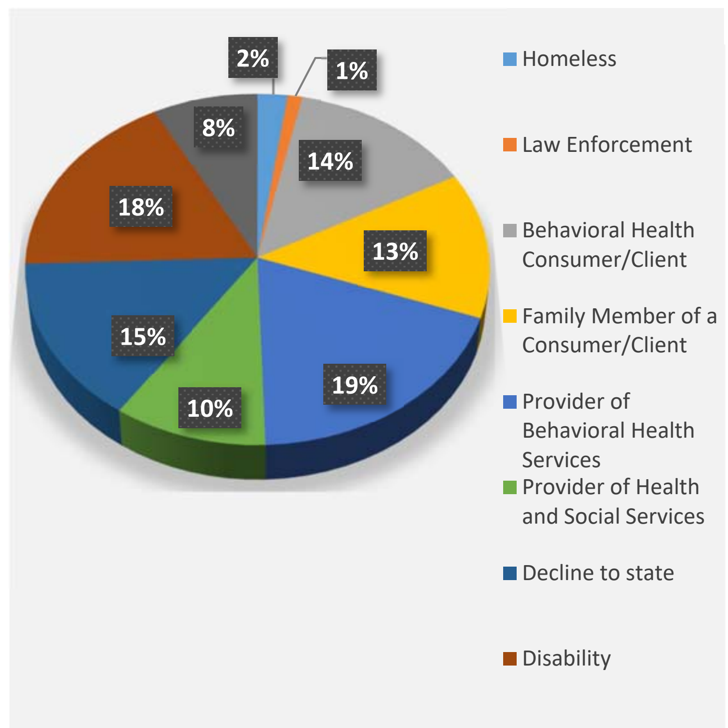
social economic, providers and recipients of behavioral health care services and other sectors, clients and their family members. See the full list of input sessions below.

Additionally, a Pre-Launch session was held with clients/consumers hosted by the Peer Recovery Collaborative, a collaborative of peer-run agencies including California Clubhouse, Heart and Soul and Voice of Recovery. At this session information was presented and shared to help prepare clients/consumers for the CPP Launch session where they would be providing input and public comment. Discussion items included, 1) Background on MHSA; 2) What to expect at the CPP Launch session; and 2) How to prepare a public comment.

Extensive outreach was conducted to promote two key public meetings, the CPP Launch Session on March 13, 2017 and the CPP Prioritization Session on April 26, 2017. Flyers were made available in English, Spanish, Chinese, Tagalog, Tongan and Samoan. Stipends to consumers/clients and their family members, language interpretation, child care for families and refreshments were provided at each of these sessions.

Over 270 participated in the sessions, 156 demographic sheets were collected and of these 37% identified as clients/consumers and family members and 36 stipends were provided.

The majority of participants at these two public meetings (64%) represented central and south geographical areas of the county. There are institutional barriers to accessing and attending centrally located public meetings (trust, transportation, cultural and language, etc.). In an effort to account for this, two additional Community Prioritization Sessions were conducted in East Palo Alto and the Coastside. In the future, we will add a community session in the north part of the county as well.



Input Sessions

Date	Stakeholder Group
12/7/16	**MHSARC and MHSA Steering Committee (Input on CPP Process)**
2/15/17	MHSARC Adult Committee
2/15/17	NAMI Board Meeting
2/16/17	Filipino Mental Health Initiative
2/21/17	Coastside Community Service Area
2/21/17	Northwest Community Service Area
3/1/17	MHSARC Older Adult Committee
3/2/17	Central Community Service Area
3/2/17	Peer Recovery Collaborative
3/3/17	Diversity and Equity Council
3/3/17	Northwest School-Based Mental Health Collaborative
3/7/17	Pacific Islander Initiative
3/7/17	Coastside School-Based Mental Health Collaborative
3/8/17	AOD Change Agents/CARE Committee
3/9/17	**Peer Recovery Collaborative (Pre-Launch Session)**
3/9/17	East Palo Alto Community Service Area
3/9/17	Central School Collaborative
3/13/17	**MHSA Steering Committee (CPP Launch)**
3/14/17	African American Community Initiative
3/16/17	Ravenswood School-Based Mental Health Collaborative
3/17/17	South Community Service Area and Child/Youth Committee
3/23/17	Chinese Health Initiative
3/23/17	Northeast School-Based Mental Health Collaborative
3/28/17	Latino Collaborative
4/10/17	Coastside Youth Advisory Committee
4/11/17	Spirituality Initiative
4/13/17	**East Palo Alto (Community Prioritization Session)**
4/18/17	**Coastside (Community Prioritization Session)**
4/19/17	MHSARC Child and Youth Committee
4/20/17	Native American Initiative
4/20/17	Contractor's Association
4/21/17	Latino Immigrant Parent Group
4/24/17	Veterans
4/25/17	TAY recipients of services
4/26/17	**MHSA Steering Committee (CPP Prioritization)**

From the San Mateo County Mental Health Services Act Three-Year Program and Expenditure Plan FY 17-18 through FY 19-20 & Annual Update FY 17-18

PHASE 1. NEEDS ANALYSIS

To build off of the previous Community Program Planning (CPP) process in FY 2014/15, stakeholders including clients, family members, community partners and organizations were asked to think about current services as they relate to the gaps in services identified in FY 2014/15 (listed below), specific service categories and populations served to identify any additional gaps in services:

- Cultural humility and stigma
- Timely access
- Services for peers and families
- Services for adults and older adults
- Early intervention
- Services for children and TAY
- Co-occurring services
- Criminal justice involvement

For Phase I and the initial input sessions, stakeholders where asked the following questions, based on the priority gaps identified in previous years for continuity:

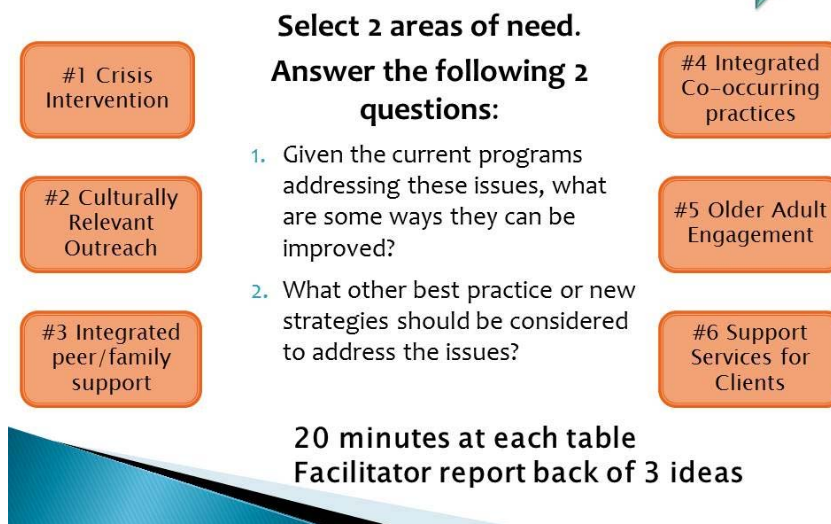
- From your perpective, do these MHSA services effectively [e.g. serve the cultural and linguistic needs of your target communities, address timely access for your target communities, serve the behavioral healthcare needs of clients and families, etc.]? What's working well? What improvements are needed?
  Probes: Do these services address principles of wellness and recovery? stigma?
- Are current collaborations effective in reaching and serving target communities? What is working well? What's missing?

All comments received up to the date of the CPP Launch Session on March 13th were grouped into themes and presented at the CPP Launch. Additional input was sought regarding both the needs/service gaps and whether there were any voices (or communities) missing from the Needs Analysis phase. The CPP Launch Session was a joint MHSARC and MHSA Steering Committee meeting and included a facilitated community input. Agenda items included 1) an MHSA Housing proposal for use of unencumbered housing funds 2) public comment from clients, families and community members on priority needs and gaps in mental health services, and 3) breakout groups to begin developing strategies to address the key needs/ service gaps identified. About 120 clients, families, community members and stakeholders attended the CPP Launch Session.

PHASE 2. STRATEGY DEVELOPMENT

The Strategy Development Phase was kicked off at the CPP Launch Session on March 13, 2017. Findings from the initial input sessions were shared at the CPP Launch Session including relevant strategy ideas.

From the San Mateo County Mental Health Services Act Three-Year Program and Expenditure Plan FY 17-18 through FY 19-20 & Annual Update FY 17-18



While the above six need/gaps in services were identified, there was also an overarching theme that arose from the input sessions, which brought to surface common questions in MHSA planning: do we build upon existing MHSA-funded programs or do we create new programs? Input session participants identified the need to consider both. It has been 10 years since the inception of MHSA and most programs have not received additional resources (aside from Cost of Living increases to the contracts) to expand services and/or clients served, especially for those programs that are resulting in positive behavioral health outcomes.

Three key next steps for the CPP process were identified at the CPP Launch Session:

- Additional input sessions with vulnerable populations and key stakeholders identified.
- Additional strategy development sessions in isolated and higher need communities, in particular East Palo Alto and the Coastside/South Coast region.
- Follow up meetings with all MHSA-funded programs to identify priority program challenges, needs and possible strategies to address these.

PHASE 3. PLAN DEVELOPMENT

The final Phase of the CPP Process was kicked off at the CPP Prioritization Session on April 26, 2017. The meeting goals were three-fold:

1. Present strategy recommendations, results from the Community Input Sessions and prepared public comments in support of each recommendation.
2. Provide meeting participants the opportunity to bring forward any additional strategy recommendations and to prioritize the additional recommendations.
3. Prioritize across all strategies proposed (MHSA Steering Committee only) to help identify the recommendations to include in the MHSA Three-Year Plan.

Appendix 3. Public Comments

Mental Health Services Act (MHSA) Steering Committee

Wednesday, October 2, 2019 / 4:00 – 5:30 PM
County Health Campus, Room 100, 225 37th Ave. San Mateo, CA 94403

NOTES – MHSA INNOVATIONS

1. Welcome & Background 4:05pm

2. MHSA One-Time Funds 4:10pm

3. MHSA Innovations (INN) Breakout Activity 4:40pm
   - Innovation funding allows for pilot projects that:
     - Introduce a new practice
     - Make changes to existing practices
     - Apply promising non-behavioral health practices
   - A new cycle of funding was launched in January, received 35 ideas, 20 were reviewed by a Selection Committee and 5 ideas moved forward, we will hear about these ideas today.

     MHSARC Motion:
     Vote to open a 30-day public comment period for the MHSA Innovation Project Proposals

     - Isabelle opened the motion
     - Chris seconded the motion
     - Unanimous vote to open 30-day public comment period

   - Innovation Project Proposals - Input Activity
     - Select 2 projects you want to learn about (20 min each)
     - Hear from folks who proposed the ideas
     - Ask questions, what do you believe is important to consider in the project
     - At each presentation you will receive a Theory of Change as a reference that identifies key considerations from the literature that supports the interventions
     - Pick two presentations you would like to learn more about

INN Breakout - Comments

- PIONEERS College-Age PI Mental Health
  - How will you sustain it after 3 years?
    - Community colleges if project is successful
  - What are some of the activities that will address mental health? Be sure to communicate how the mental health component is implemented in the program
    - All activities are centered around mental health

Please continue to provide public comments through November 6, 2019

- Email: mhsa@smcgov.org
- Phone: Doris Estremera, MHSA Manager (650) 573-2889
- Mail: 310 Harbor Blvd, Bldg E, Belmont CA 94002
- Optional Public Comment Form available on line at www.smcgov.org/mhsa

4. Adjourn 5:30pm

Next Mental Health and Substance Abuse Recovery Commission (MHSARC) Meeting
Closing of 30-day public comment period for MHSA Innovation Projects and Plan to Spend Available One-Time Funds:

November 6, 2019 from 3:30-5:00pm
County Health Campus, Room 100, 225 37th Ave. San Mateo