



# *Be the one to help*



## Mental Health Service Act (MHSA) MHSA Steering Committee

**Open to the public!** Join advocates, providers, clients and family members to provide input on MHSA planning.

The MHSA Steering Committee meets to provide input, make recommendations, and stay up to date on new MHSA planning activities and program implementation.

### Meeting objectives include:

- Learn about and provide input on new MHSA Innovation ideas.
- Launch the MHSA Three-Year Plan development

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- ✓ Stipends are available for clients/family members
  - ✓ Language interpretation is provided if needed\*

\* To reserve language services, please contact us at [mhsa@smcgov.org](mailto:mhsa@smcgov.org) at least 2 weeks prior to the meeting.

### DATE & TIME

**Thursday, October 6, 2022**

3:00 pm – 4:30 pm

### Zoom Meeting:

<https://us02web.zoom.us/j/83216209789>

Dial in: +1 669 900 6833

Meeting ID: 832 1620 9789

iPhone one-tap: +16699006833,,83216209789#

### Contact:

Doris Estremera, MHSA Manager

(650) 573-2889 ♦ [mhsa@smcgov.org](mailto:mhsa@smcgov.org)

[www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income over \$1 million.



SAN MATEO COUNTY HEALTH

## BEHAVIORAL HEALTH & RECOVERY SERVICES

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## AGENDA

1. **Welcome & Introductions** 5 min  
*Jean Perry and Leti Bido, MHSARC Commissioners & MHSA Steering Committee Co-Chairpersons*
2. **Logistics & Agenda Review – Doris Estremera, MHSA Manager** 5 min
  - Previous meeting minutes available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
3. **General Public Comment – Leti Bido** 10 min
  - For non-agenda items
  - Additional public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).
4. **Announcements** 15 min
  - Next Workgroup: MHSA Three-Year Plan – *Jean Perry*
  - Purchase of El Camino Real Property – *Scott Gruendl, BHRS Assistant Director*
  - Public Input
5. **MHSA Innovation – Alison Hamburg, Consultant** 55 min
  - Ideas submitted and selection
  - Public Input
    - Breakout Activity - Select two projects you want to learn more about (20 min each)
    - INN Comment Forms ([link](#)) - “I would like you to consider...”
6. **Adjourn**

**\* Public Participation:** All members of the public can offer comment at this public meeting; there will be set opportunities in the agenda to provide input. You can also submit questions and comments in the chat. If you would like to speak, please click on the icon labeled “Participants” at the bottom center of the Zoom screen then click on “Raise Hand.” The host(s) will call on you and you will unmute yourself. Please limit your questions and comments to 1-2 minutes. The meeting will be recorded. Questions and public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).

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**\*REMINDER – Please Complete the Steering Committee Feedback Survey**

[https://www.surveymonkey.com/r/MHSA\\_MtgFeedback](https://www.surveymonkey.com/r/MHSA_MtgFeedback)





## Mental Health Services Act (MHSA) Steering Committee Meeting

October 6, 2022



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

## Welcome & Introductions

- Share your name, pronouns and affiliation in the chat
- MHSA Steering Committee Members:
  - Jean Perry, BHC (MHSA Co-chair)
  - Leticia Bido, BHC (MHSA Co-chair)
  - Adriana Furuzawa, Felton Institute
  - Chris Rasmussen, BHC
  - Eddie Flores, Peninsula Health Care District
  - Jairo Wilches, BHRS OCFA
  - Juliana Fuerbringer, California Clubhouse
  - Kava Tulua, One East Palo Alto
  - Maria Lorente-Foresti, BHRS ODE
  - Mary Bier, North County Outreach Collaborative
  - Melissa Platte, Mental Health Association
  - Michael S. Horgan, Heart & Soul, Inc.
  - Michael Lim, BHC
  - Mason Henricks, SMC Office of Education
  - Paul Nichols, BHC
  - ShaRon Heath, Voices of Recovery
  - Sheila Brar, BHC

# Agenda

1. Welcome & Introductions
2. Logistics
3. General Public Comments
4. Announcements (Input)
5. MHSA Innovation (Input)



## A few logistics...

- Agenda, handouts, slides: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Announcements” tab
  - Past meeting materials/minutes: under “Steering Committee” tab
- Stipends for clients and family members participating
  - Via chat (private message) - please provide your email
- Meeting is being recorded
- Quick demographics poll



# Participation Guidelines

- Enter questions in the chat box as we go
- General public comment (non-agenda items)
- Share your unique perspective and experience
- Share the airtime; allow every voice to be heard
- Practice both/and thinking; consider all ideas along with your personal interests
- Be brief and meaningful when voicing your opinion



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## General Public Comment



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# Announcements

1. MHSA Three-Year Plan Workgroup!
  - Nov.10th, Dec. 8th, Jan. 12th 3-4PM (all virtual)
  - Complete a short Interest Survey:  
[www.surveymonkey.com/r/3YrPlanWorkgroup](http://www.surveymonkey.com/r/3YrPlanWorkgroup)
2. Purchase of El Camino Real
  - Amendment to the current MHSA Annual Update

A photograph of a woman with dark, curly hair, wearing a blue shirt, speaking into a microphone. She is looking slightly to the left. The background is blurred, showing some greenery. The image has a blue tint and is overlaid with the text 'Public Input' in white.

Public Input



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& RECOVERY SERVICES



# MHSA Innovation



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## INN Process Outcomes

- INN Workgroup
  - INN Idea Submission packet – FAQs, Myth Busters, outreach
  - INN Info Session and Online Research Session
- 19 INN ideas submitted
  - Selection Group + Feasibility Review with the State MHSOAC
  - 4 ideas moving forward to full proposal development



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# INN Planning Timeline



## Public Input Activity

- Select two INN ideas:
  1. Adult Residential In-home Support Element (ARISE)
  2. Mobile Behavioral Health Services for Farmworkers
  3. Music Therapy for Asian/Asian Americans
  4. Recovery Connection Drop-In Center
- 15 min questions and considerations: “I would like you to consider...”
  - Can also submit online via: [INN Comment Form](#)



# Get Involved!

- **Subscribe to receive opportunities to get involved in MHSA planning:**  
[www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
- **BHRS-wide opportunities:**  
<https://www.smchealth.org/get-involved>



## Thank you!

Jean Perry, BHC Commissioner  
Leticia Bido, BHC Commissioner  
Doris Estremera, MHSA Manager  
Email: [mhsa@smchealth.org](mailto:mhsa@smchealth.org)  
Website: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)

[https://www.surveymonkey.com/r/MHSA\\_MtgFeedback](https://www.surveymonkey.com/r/MHSA_MtgFeedback)



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**





**MHSA Innovation (INN)  
2022 Ideas Submitted**

| #  | <b>Proposed Idea</b><br>(Green = Selected to Move Fwd)  | <b>Community to be Served</b>   | <b>Type of Services</b><br>(Prevention, Early Intervention, Treatment, Recovery) |
|----|---|---|--|
| 1  | Adult Residential In-home Support Element   | Adults with serious mental illness (SMI) and/or substance use disorders (SUD) at risk of losing housing         | Treatment  |
| 2  | Mobile Behavioral Health Services for Farmworkers   | Latinx farmworkers, coastal   | Prevention, Early Intervention, Treatment, Recovery                              |
| 3  | Music Therapy for Asian/Asian Americans   | Asian/Asian American community  | Prevention   |
| 4  | Recovery Connection Drop-in Center  | Adults with substance use and/or mental health challenges, with a focus on historically underserved populations | Recovery   |
| 5  | African American Traumatic History Workshops  | African American community  | Prevention   |
| 6  | allcove Drop-In Center  | Youth ages 12-25  | Prevention, Early Intervention, Treatment  |
| 7  | Care for Pets of Individuals Experiencing Instability in their Mental Health                            | Individuals experiencing instability in their mental health making them unable to care for their pets           | Recovery   |
| 8  | Family Support Hotline  | Families trying to access services and support for loved ones with SMI  | Prevention   |
| 9  | Intergenerational Games for Mental Health   | Isolated older adults and disadvantaged teens and young adults  | Prevention, Recovery   |
| 10 | Intergenerational Wellness Center   | Latinx youth and older adults, south coast  | Prevention, Early Intervention, Treatment, Recovery                              |
| 11 | Latinx Mental Health Counseling Center  | Low-income Latinx children and families, countywide (starting with Redwood City and North Fair Oaks)            | Prevention, Early Intervention, Treatment, Recovery                              |
| 12 | LGBTQ+ Culturally Responsive and Bilingual Services   | Spanish-speaking LGBTQ+ community   | Prevention, Early Intervention, Treatment  |
| 13 | Mental Health and Suicide Prevention for Asian American Native Hawaiian Pacific Islander (AANHPI) Youth | AANHPI youth ages 14-18   | Prevention   |
| 14 | Peer Leadership Academy   | TAY, adults, older adults peer workers  | Recovery   |
| 15 | Peer Multigenerational Storytelling Project   | Latinx and Chinese children to older adults   | Prevention   |
| 16 | Peer Support for Peer Workers   | Behavioral health peers and families  | Recovery   |
| 17 | Recovery College  | Black/African American behavioral health consumers and families   | Recovery   |
| 18 | Wellness Literacy and Mentoring in Schools  | High-school students; expansion to age-appropriate programming in middle and elementary schools                 | Prevention, Recovery   |
| 19 | Youth Peer Counseling Network   | High-school age youth, countywide   | Prevention, Early Intervention   |



## Mental Health Services Act (MHSA) – Innovation (INN) Project Brief

### **Project: Adult Residential In-home Support Element (ARISE)**

Proposed by: Mental Health Association of San Mateo County

Total Amount Requested: \$1,240,000 (\$995K services, \$145K admin, \$100K eval)

Duration of Project: 4 years (3 years of services, 6 mths start-up, 6 mths post eval)

### Background

San Mateo County's MHSA Three-Year Plan prioritized strategies to strengthen the housing continuum and provide integrated treatment and recovery supports for individuals living with mental health and substance use challenges. The proposed project was identified as a priority to address the need.

### The Challenge

Studies have shown that many individuals living with serious mental illness (SMI) and/or substance use disorders (SUD) experience cognitive challenges, particularly related to executive functioning skills,<sup>1</sup> which are critical to managing one's living space.<sup>2</sup> Additionally, lethargy is a common physical symptom of depression, medications to treat mental illness may have a side effect of lethargy, and individuals may have active substance use, all of which can impede individuals from performing home maintenance. Mental Health Association of San Mateo County (MHA) assists individuals living with SMI and/or SUD to develop and improve daily living skills, including home maintenance. Some individuals have significant deficits in their executive functioning, which can and has resulted in situations where a client is asked to leave or evicted as a result of their inability to maintain their housing in a safe and habitable way.

Many of these clients would benefit from in-home support to maintain their living environment and thereby preserve their housing security. However, the current state system for In-Home Support Services (IHSS) does not adequately support clients whose needs for in-home support are primarily because of their behavioral health condition. MHA clients have applied for and been denied IHSS for not having any identifiable functionally disabling condition, among many other reasons. MHA clients who have been approved for IHSS have challenges in recruiting, hiring, screening, and retaining IHSS workers as they may not have the capacity to do this, be distrustful of having someone come to their home, and/or may have behavioral challenges that affect interpersonal relationships.

### The Proposed Project

The proposed project creates a model for residential in-home services specifically designed for clients with SMI and/or SUD who, without additional support, are at risk of losing their housing due to challenges with managing their environment. The project will recruit residential in-home support workers, who will work closely with a peer support staff and occupational therapist. The in-home support workers will be matched with clients based on needs, culture, language, and personality and paid adequately with at least 15 hours of work per week guaranteed.

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<sup>1</sup> Regev S, Josman N., 2020; Jackson, C.T., Fein, D., Essock, S.M. et al., 2001; Christopher R Bowie, Philip D Harvey, 2006

<sup>2</sup> Vogan et al., 2018; Wallace et al., 2016; Yon-Hernández, J.A., Wojcik, D.Z., García-García, L. et al. 2022





## Services

Residential in-home support workers will offer clients an average of four hours per week of culturally responsive support focused on the needs of individuals living with complex behavioral health challenges including, but not limited to, occupational therapy services, home maintenance, cleaning, shopping, cooking, and other critical supports that will allow an individual to continue living as independently as possible.

## Target Population

The project will serve up to 35 adults annually living with SMI and/or SUD who are at risk of losing housing due to challenges with managing their environment and who voluntarily choose to participate. Thus far, MHA has identified 18 clients who live in their own apartments (with subsidies from the County of San Mateo Housing Authority) and are or have been at risk of losing their housing and anticipates that number will increase as MHA does a more thorough assessment of its 500+ clients.

## The Innovation

- **MHSA Innovative Project Category:** Makes a change to an existing practice in the field of behavioral health, including but not limited to, application to a different population
- **MHSA Primary Purpose:** Increases access to behavioral health services, including but not limited to, services provided through permanent supportive housing

The proposed project develops an alternative to the existing IHSS system, creating an in-home support model that better suits adults with behavioral health needs. The value of providing in-home supports has been well documented, particularly for individuals with physical challenges, for elderly and frail adults, and for people with memory problems. The proposed project recognizes that the standard IHSS model is not appropriate for clients with SMI and/or SUD and introduces a new model of in-home support to the behavioral health field.

## Learning Goals

There is significant opportunity to learn from the implementation and outcomes of this project. Lessons learned can inform the design and implementation of in-home supports for adults with behavioral health needs; if successful, the project design could transform the in-home support services model in other jurisdictions, statewide, and even nationally. Through an independent evaluation, this project seeks to learn:

1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?
2. Do clients in the ARISE program engage, maintain engagement, or re-engage with **BHRS services**?
3. To what extent does the ARISE program **improve capacity** for in-home supports by increasing the number of individuals willing and available to provide in-home supports for individuals with challenging behaviors?





## Mental Health Services Act (MHSA) – Innovation (INN) Project Brief

### **Project: Mobile Behavioral Health Services for Farmworkers**

Proposed by: Ayudando Latinos A Soñar (ALAS)

Total Amount Requested: \$1,815,000 (\$1.455M services, \$215K BHRS admin, \$145K eval)

Duration of Project: 4 years (3 years of services, 6 mths start-up, 6 mths post eval)

### Background

San Mateo County's MHSA Three-Year Plan prioritized strategies to increase culturally-focused community engagement and create culturally responsive and trauma-informed systems. The proposed project was identified as a priority to address the need.

### The Challenge

In 2018, there were about 1,300-1,600 farmworkers and an additional 1,700-2,000 children and family members of farmworkers on the San Mateo County coast.<sup>1</sup> The vast majority of them come from working class, Latinx backgrounds. Due to socio-economic and nationality disenfranchisement, farmworkers represent one of the most vulnerable, and hardest-to-reach demographics in San Mateo County. In addition to regularly being victims of various forms of trauma, they are also subjected to high rates of isolation, inadequate housing, and lack of access to resources, which lead to behavioral health challenges like loneliness, depression, anxiety, and alcohol/substance misuse. A qualitative testimonial survey with 13 farmworkers in coastal San Mateo County revealed that all participants reported incidences of mental health symptoms including stress and anxiety.<sup>2</sup> Barriers to accessing services include the lack of transportation from farms to behavioral health providers and the lack of time off, and energy (after working long days in physically taxing conditions) to receive these services. Reaching this particularly remote, rural farmworker demographic is not feasible with the current brick-and-mortar behavioral health provider services available in San Mateo County.

### The Proposed Project

The proposed project will provide direct behavioral health services and wraparound resources through a mobile health clinic that integrates cultural arts practices with formal clinical services spanning prevention, early intervention, treatment, and recovery. Studies have found that arts and culture can improve mental health by impacting trauma; community-level stress, depression, and substance use disorders; and cultural identity.<sup>3</sup> Using culturally-centered arts practices lowers the psychological (stigma, distrust) barriers to adoption of services.<sup>4</sup> Cultural, financial, and regional accessibility will support the farmworker community to engage in behavioral health support services, fostering healthier families and communities.

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<sup>1</sup> [San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.](#)

<sup>2</sup> Source: ALAS

<sup>3</sup> Hand, Jamie and Golden, Tasha. October 4, 2018. [Arts, Culture, and Community Mental Health. Community Development Innovation Review.](#) Federal Reserve Bank of San Francisco.

<sup>4</sup> Fancourt D, Finn S. [What is the evidence on the role of the arts in improving health and well-being? A scoping review \[Internet\].](#) Copenhagen: WHO Regional Office for Europe; 2019. 2. RESULTS.





## Services:

- Using cultural arts to process grief and trauma and build protective factors through “cultural sensory” activities such as creating altars, songs, stories, and murals centered around significant cultural holidays and celebrations
- Behavioral health outreach and education in farmworker communities
- Assessment and early intervention for farmworkers, their families, and their children who might be at risk of developing behavioral health challenges
- In-person and tele-behavioral health treatment for people who have behavioral health challenges
- Recovery support for people who are recovering from behavioral health challenges

## Target Population

Annually, the pilot program will serve 150+ low-income, Latinx farmworkers and their families in rural, coastal San Mateo County.

## The Innovation

- **MHSA Innovative Project Category:** Makes a change to an existing behavioral health practice
- **MHSA Primary Purpose:** Increases access to behavioral health services to underserved groups

The proposed project uniquely combines the healing power of the cultural arts and community connection with an array of formal clinical behavioral health practices. A mobile behavioral health resource that uses the cultural arts as a pathway to service adoption among farmworkers is without precedent. Mobile health care models have been implemented to reach individuals who are underserved; however, most mobile health centers do not provide behavioral health services and do not focus on culturally responsive services.<sup>5</sup> Additionally, mobile behavioral health programs have tended to focus on crisis response, not the full range of prevention, early intervention, treatment, and recovery that the proposed project will offer.<sup>6</sup> Several mobile health clinic models serve migrant farmworkers, but not all offer behavioral health care, and among those that do, the focus of services is not on behavioral health nor on culturally responsive services.<sup>7</sup>

## Learning Goals

Through an independent evaluation, this project seeks to learn:

1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?
2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?
3. What are the needs and **best practices** to support farmworker behavioral health?

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<sup>5</sup> Fernandez, Carlos. [Innovative Mobile Clinics Serving Children and Families of Riverside County With Limited Access to Behavioral Health Services](#). American Journal of Psychiatry Residents' Journal 2016 11:10, 10-12. <https://doi.org/10.1176/appi.ajp-rj.2016.111005>; Heath, Sara. August 30, 2019. [How Mobile Health Clinics Drive Care to Vulnerable Patients. Patient Engagement HIT](#). Xtelligent Healthcare Media.

<sup>6</sup> California Health Care Foundation. February 11, 2022. [Behavioral Health Mobile Crisis Response Services in Medi-Cal](#).

<sup>7</sup> Heath, Sara. August 30, 2019.





## Mental Health Services Act (MHSA) – Innovation (INN) Project Brief

### Project: Music Therapy for Asians/Asian Americans

Proposed by: San Mateo County Behavioral Health & Recovery Services Office of Diversity & Equity's Chinese Health Initiative and Filipino Mental Health Initiative, and Creative Vibe Therapy

Total Amount Requested: \$940,000 (\$755K services, \$110K admin, \$75K eval)

Duration of Project: 4 years (3 years of services, 6 mths start-up, 6 mths post eval)

### Background

San Mateo County's MHSA Three-Year Plan prioritized strategies to increase culturally-focused community engagement and create culturally responsive and trauma-informed systems. The proposed project was identified as a priority to address the need.

### The Challenge

Asian Americans experience systemic and cultural stressors that negatively impact their mental health, but they often do not seek behavioral health services.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> For example, compared to White and Latino/a/x adults, Asian adults were more likely to score lower on all mental health domains in the San Mateo County Stigma Baseline Survey – mental health knowledge, inclusive beliefs, and affirming behavior.<sup>5</sup> There is a need for innovative ways to outreach to and support the behavioral health of Asian and Asian Americans.

### 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, promoting linkage to behavioral health services, and building protective factors for behavioral health. Music therapy provides an avenue for expression in a population where there is often discomfort talking directly about behavioral health. Because music is highly valued in Asian cultures, music therapy may be more accepted than traditional psychotherapy<sup>6</sup> and can serve as an entry point to learning about behavioral health and getting connected to other behavioral health services as needed. 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.

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<sup>1</sup> [Disparities in Mental Health Care Utilization and Perceived Need Among Asian Americans](#): 2012–2016. Kelly Guanhua Yang, Caryn R. R. Rodgers, Esther Lee, and Benjamin Lê Cook. *Psychiatric Services* 2020 71:1, 21-27. Retrieved from:

<sup>2</sup> [San Mateo County Behavioral Health and Recovery Services Cultural Competence Plan](#) 2020-2021.

<sup>3</sup> [San Mateo County Suicide Prevention Roadmap 2021-2026](#).

<sup>4</sup> 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 Mental Health Services Administration (US); 2001 Aug. Chapter 5 Mental Health Care for Asian Americans and Pacific Islanders.

<sup>5</sup> [Community Stigma Baseline Survey: Mental Health & Substance Misuse Knowledge, Beliefs & Behavior](#). September 2, 2020.

<sup>6</sup> Athena Music & Wellness Therapy. [Music Therapy: A New Avenue for Asian-American Mental Health](#). January 4, 2021.





## Services

Trained music therapists, in partnership with peer workers and consultation with behavioral health therapists, will provide goal-directed programming in the areas of social, emotional, cognitive, communication, spiritual, physical wellness. Music therapists will offer opportunities for playing, creating, and discussing music using a variety of accessible instruments including percussion, melodic instruments, and instruments from Asian countries. Services will integrate therapeutic and educational material and include:

- Music therapy group classes for youth, adults, and older adults
- Ongoing support groups for youth, adults, and older adults
- Intergenerational events/performances

## Target Population

The music therapy classes and support groups will annually serve 250 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. Additionally, 500+ community members will be reached through the intergenerational events. 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 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.

## The Innovation

- **MHSA Innovative Project Category:** Makes a change to an existing behavioral health practice
- **MHSA Primary Purpose:** Increases access to behavioral health services to underserved groups

Music therapy is an established modality that is offered in behavioral health and non-behavioral health settings. In Asian communities, music therapy has shown promising results for specific sub-ethnic groups; the proposed project is innovative in that it applies music therapy in a behavioral health setting for the Asian/Asian American community across ethnic groups and language. In addition, the project combines standard music therapy with a focus on behavioral health literacy and integrates behavioral health therapists and peer workers with trained music therapists. A similar approach has been used by a hip hop therapy program for youth in Oakland,<sup>7</sup> and this project seeks to create culturally responsive methods to serve the Asian/Asian American community across all age groups.

## Learning Goals

Through an independent evaluation, this project seeks to learn:

1. To what extent does music therapy promote **behavioral health literacy** among Asian/Asian Americans?
2. To what extent does music therapy increase **linkages to behavioral health services** for Asian/Asian Americans?
3. To what extent is music therapy effective in promoting **protective factors** among Asian/Asian Americans?

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<sup>7</sup> Beats Rhymes and Life, Youth Services. [https://brl-inc.org/youth\\_services/](https://brl-inc.org/youth_services/)





## Mental Health Services Act (MHSA) – Innovation Project Brief

### Project: Recovery Connection Drop-In Center

Proposed by: Voices of Recovery San Mateo County

Total Amount Requested: \$2,840,000 (\$2.275M services, \$340K BHRS admin, \$225K eval)

Duration of Project: 5 years (4 years of services, 6 mths start-up, 6 mths post eval)

### Background

San Mateo County's MHSA Three-Year Plan prioritized strategies to provide integrated treatment and recovery supports for individuals living with mental health and substance use challenges. The proposed project was identified as a priority to address the need.

### The Challenge

A report from the National Institute on Drug Abuse found that nationally, approximately half of the individuals who develop substance use challenges are also diagnosed with mental health challenges, and vice versa, and around one in four individuals with serious mental illness (SMI) also have a substance use disorder (SUD).<sup>1</sup> In San Mateo County, substance use challenges accelerated during the pandemic: the County reported a 430% increase in overdose-related referrals to the County Health's Medication Assisted Treatment outreach/response team and a 21% increase in treatment of Opioid Use Disorder in the SMC Medical Center's Emergency Department since March 2020.<sup>2</sup> Furthermore, the County's 2019 Community & Health Needs Assessment found that a full 47% of adults reported that they would not know how to access treatment for substance use disorders.<sup>3</sup> Thus, there is a need to more effectively reach individuals with substance use and/or mental health challenges.

### The Proposed Project

The proposed project is a culturally responsive "Recovery Connection" drop-in center for individuals at all stages of recovery. The Recovery Connection will use a peer support model where individuals receive free services and supports from peers with lived experience. The Recovery Connection will help individuals with substance use and/or mental health challenges acquire tools and confidence to begin, maintain, and enhance their recovery; reduce drug and alcohol relapse; build a strong and positive social network; increase self-awareness; hold themselves accountable for their substance use; reduce anxiety, stress, and depression; and increase their sense of hope and purpose.

### Services

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

- Evidence-based Wellness and Action Recovery Plan (WRAP) workshops
- Peer mentoring and coaching
- Job readiness and employment referral services
- Health and wellness classes
- Referrals and connection to resources including housing, education, job training, and outside behavioral health services as needed
- Rewarding volunteer opportunities

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<sup>1</sup> NIDA. 2022, September 27. [Part 1: The Connection Between Substance Use Disorders and Mental Illness.](#)

<sup>2</sup> "San Mateo County Health Alert Highlights Pandemic's Impact on Mental Health and Substance Use." January 8, 2021.

<sup>3</sup> [Community Health & Needs Assessment 2019](#), San Mateo County: Major Findings.





## Target Population

The Recovery Connection drop-in center will be based in a centrally located, easily accessible location in East Palo Alto or Belmont in San Mateo County and will be open to all adults 18+ with substance use and/or mental health challenges. The Recovery Connection will outreach to and welcome individuals in any of the five stages of recovery, including people who have not yet committed to their recovery, individuals early in recovery, individuals returning from residential treatment, sober living home residents, and individuals who have been in recovery for many years and are working to prevent relapse. The project will specifically seek to reach Latinx individuals, who make up nearly half of current Voices of Recovery San Mateo County (VORSMC) participants, as well as other historically underserved populations, including Asian/Pacific Islanders, African Americans, low-income, LGBTQIA+, houseless, chronically unemployed, and justice-involved populations. The project will serve an estimated 940 – 1100 unique participants each year.

## The Innovation

- **MHSA Innovative Project Category:** Makes a change to an existing behavioral health practice
- **MHSA Primary Purpose:** Increases access to behavioral health services to underserved groups

Recovery Cafes, such as those in San Jose and Seattle, have shown positive outcomes resulting from sober social events; opportunities to give back through volunteerism and chores; feelings of connectedness; and having a warm physical space where people feel safe and welcomed.<sup>4</sup> The Recovery Connection will provide similar recovery services to Recovery Cafe San Jose and Recovery Cafe Seattle<sup>5</sup> but, with significant program and approach differences. The Recovery Connection culture will be free of judgement and will meet participants where they are in their recovery journey. Importantly, it will give participants choices in programs and services and help them understand those choices so they can take personal responsibility for their actions and investment in their own recovery on their own timeline. The holistic approach will be as follows: 1) WRAP will be a key foundation of the Recovery Connection center; 2) The Recovery Connection will welcome all who come to the center, whether or not they are clean and sober, whereas Recovery Cafes in San Jose and Seattle require people to be sober for 24 hours before participating in programs; 3) Participants will not have to meet any participation or membership requirements to come to the Recovery Connection, whereas Recovery Cafes in San Jose and Seattle have membership requirements; 4) The Recovery Connection will employ a peer support model; 5) The Recovery Connection will provide access to all people in the community age 18+ with substance use and/or mental health challenges, whereas other recovery cafes tend to focus on houseless individuals; and 6) The Recovery Connection will serve as a training center for professionals and paraprofessionals to expand capacity countywide to use WRAP.

## Learning Goals

Through an independent evaluation, this project seeks to learn:

1. Does a drop-in recovery center **increase access** to recovery services and supports for individuals who were not previously engaged in services?
2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, and economic mobility?
3. Does training professionals and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?

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<sup>4</sup> Mandy D. Owens, Caleb J. Banta-Green, Alison Newman, Rachel Marren & Ruby Takushi (2022) Insights into a Recovery Community Center Model: Results from Qualitative Interviews with Staff and Member Facilitators from Recovery Cafe in Seattle, Washington, *Alcoholism Treatment Quarterly*, DOI: [10.1080/07347324.2022.2088323](https://doi.org/10.1080/07347324.2022.2088323)

<sup>5</sup> <https://recoverycafesj.org/history/>; <https://recoverycafe.org/>

