COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.
☐ Local Mental Health Board approval   Approval Date: <u>December 4, 2022</u>
☐ Completed 30 day public comment period   Comment Period: <u>December 4, 2022</u>
☐ BOS approval date   Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: <u>February 28, 2023</u> *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: <u>January 26, 2023</u> ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: TBD
Project Title: Adult Residential In-home Support Element (ARISE)
Total amount requested: $1,240,000 ($995K services, $145K admin, $100K eval)
Duration of project: 4 years (3 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

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

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

CHOOSE A PRIMARY PURPOSE:

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

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

Section 2: Project Overview

PRIMARY PROBLEM

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

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

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

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

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

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[1] H. Kim, S.A. Burgard, Housing instability and mental health among renters in the Michigan recession and recovery study, Public Health, Volume 209, 2022, Pages 30-35, ISSN 0033-3506, https://doi.org/10.1016/j.puhe.2022.05.015.

[2] U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Affordable Housing, Eviction, and Health. Evidence Matters, Summer 2021. Accessed: https://www.huduser.gov/portal/periodicals/em/Summer21/highlight1.html#title

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

[4] Vogan et al., 2018; Wallace et al., 2016; Yon-Hernández, J.A., Wojcik, D.Z., García-García, L. et al. 2022

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

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

PROPOSED PROJECT

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

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

The ARISE program creates a model for residential in-home services specifically designed for clients with SMI and/or SUD who, 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—approved IHSS workers—who will receive specialized training for working with SMI and/or SUD clients and will work closely with a peer support staff and occupational therapist. The in-home support workers will be matched with clients based on needs, culture, language, and personality and paid adequately with at least 15 hours of work per week guaranteed. Each worker will be offered work with multiple clients to whom they are matched. Workers may elect to work fewer than 15 hours per week and if their schedule and client needs align, may be scheduled for more than 15 hours per week. Additionally, ARISE staff will provide administrative support to clients with the hiring, recruiting, and supervising of in-home support workers.

Assessment and enrollment

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

Services
- ARISE IHSS workers will offer clients an average of four hours per week of culturally responsive support focused on the needs of individuals living with complex behavioral health challenges that will allow an individual to continue living as independently as possible, including, but not limited to:
  - Home maintenance – organize and declutter belongings; wash, dry, fold, and put away laundry
  - Cleaning – sweep and mop, clean sink, stovetop, oven, refrigerator, wipe counter, dust, empty trash
  - Shopping – grocery shopping and other shopping and errands
  - Cooking – prepare and clean up after meals
- Clients will be able to continue receiving in-home support services indefinitely. Services may discontinue if a client desires to stop services, or if a client's capacity to manage their own environment improves (e.g., due to their recovery process or a reduction in medication side-effects)
- Peer staff will provide support to clients on a regular or as-needed basis beginning with initial identification of potential clients. They will work with clients through regular contact to determine the client satisfaction, and to provide feedback, as needed, to both ARISE staff and Case Managers.
- All ARISE participants will continue to receive case management and occupational therapy through their existing service plans. Occupational therapy will include developing strategies for communicating with the IHSS worker, regular check-ins about the client-worker relationship, and mediation/problem-solving if challenges arise in the relationship.

Advisory Group

A small advisory group of clients, family members and community leaders including representatives from IHSS, Aging and Adult Services and/or other partner agencies will be established early in the program start-

up. The advisory group will inform all aspects of the ARISE program including the program structure and services, outreach strategies, evaluation and dissemination of the findings of the innovation. Stakeholders will continue to play a critical role in the evolution of this project.

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

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

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

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

The value of providing in-home supports has been well documented, particularly for individuals with physical challenges, for elderly and frail adults, and for people with memory problems. In the few cases where Mental Health Association (MHA) clients have been approved for IHSS, MHA has observed that having in-home support has helped clients maintain their living environment. MHA has also observed that when their staff are able to match and link clients with other service providers, as the ARISE program will do, it has helped clients become more comfortable with other providers entering their homes.

Additionally, 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.

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

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

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

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

RESEARCH ON INN COMPONENT

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

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

Current IHSS system	ARISE program
Participants must have a functional disability.	Clients will have cognitive or executive functioning difficulties as a result of SMI and/or SUD, or medications used to treat SMI.
IHSS workers are often friends or family members.	Workers will likely not be friends or family, as many clients do not have ties with family and do not have friends who could provide this type of support.

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

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

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

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

workforce overall fell by 30 percent.[5] This literature is promising and the proposed project will study whether a similar wage increase is effective in increasing and retaining qualified IHSS providers who desire to work with clients with behavioral health conditions.

LEARNING GOALS/PROJECT AIMS

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

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

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

1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?
    a. *Reason*: The key learning goal is to determine whether the ARISE program improves client outcomes. If successful, the project design could transform the in-home support services model in other jurisdictions, statewide, and even nationally.
2. To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?
    a. *Reason*: It will be important to understand clients' experience of the ARISE program, and particularly to what extent the program supports their overall feelings of wellbeing and health. A secondary, but also important area of inquiry of the project is to understand clients' engagement in BHRS services. MHA estimates that a sizeable proportion of clients have not been engaged in services for the past couple of years. The project offers an opportunity to explore whether participating in a program such as ARISE serves as an impetus to re-engage with services.
3. To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges?
    a. *Reason*: In addition to fulfilling the "demand" for in-home support services for clients with behavioral health conditions, this project aims to increase the "supply" and quality of qualified IHSS workers who are interested in working with clients with this population. This learning goal examines whether MHA's strategies of increasing worker pay, guaranteed hours, and specialized training is effective in increasing the number and qualifications of available workers.

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

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

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

Gaps in the literature and practice	Proposed intervention and opportunities for learning	Learning Goal
BHRS research did not find any existing programs that provide in-home residential support services to adults with behavioral health conditions	• Implement in-home residential support services for clients with SMI and/or SUD who are at risk of losing their housing due to challenges in maintaining their home environment	1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?
The project offers an opportunity to explore whether participating in a program such as ARISE improves clients' overall behavioral health, including feeling supported and engaging or re-engaging with behavioral health services.	• Integrate tangible support through in-home services with existing case management and occupational therapy supports	2. To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?
There are known shortages in the available pool of IHSS workers able to work with individuals with behavioral health challenge due to difficulties recruiting and retaining staff	• Increase ARISE IHSS worker pay • Guarantee up to 15 hours of work per week • Provide specialized training for working with behavioral health clients, • Provide ongoing consultation form an occupational therapist • Provide peer support • Provide administrative support with hiring, recruiting, and supervising workers	3. To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges?

EVALUATION OR LEARNING PLAN

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

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

Learning Goal	Potential Measures	Potential Data Sources
1. Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?	✓ Of the clients enrolled and served for at least one month, no more than 5% will fail a housing inspection. ✓ Of the clients enrolled and served for at least one month, no more than 10% will receive complaints or lease violations for reasons of health and safety issues related to the state of their unit. ✓ Of the clients enrolled and served for at least one month, none will be asked to leave their current housing situation as a result of health and safety issues related to the state of their unit. ✓ ARISE clients report that program was helpful in maintaining their living environment ✓ ARISE program staff report that program was helpful in maintaining clients' living environment	✓ Program administrative data ✓ ARISE client interviews ✓ ARISE staff interviews and/or focus group
2. To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?	✓ Percent of clients engaged in BHRS services at baseline and follow-up ✓ Satisfaction of ARISE clients with the program ✓ Self-reported health and wellness outcomes from ARISE clients and staff	✓ Program administrative data ✓ ARISE client interviews ✓ ARISE staff interviews and/or focus group
3. To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges?	✓ Number of available IHSS workers in the County at baseline and follow-up who are willing to provide in-home support for individuals with challenging behaviors ✓ Satisfaction of ARISE IHSS workers	✓ County IHSS data ✓ Survey of County IHSS workers ✓ ARISE IHSS worker survey ✓ ARISE IHSS worker interviews or focus group

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

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

COMMUNITY PROGRAM PLANNING

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

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. Appendix 2 describes the Three-Year Plan CPP process for San Mateo County.

Between February and July 2022, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas.
- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
  - Announcements at numerous internal and external community meetings;
  - Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
  - E-mails disseminating information to over 3,000 stakeholders;

- Word of mouth on the part of committed staff and active stakeholders,
- Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, and the monthly BHRS Director's Update.

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

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

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

✓ [*To be updated at closing of the public comment period:* The Behavioral Health Commission (BHC) voted to open the 30-day public comment period on November 2, 2022. Subsequently the BHC reviewed substantive comments received during the public hearing and closing of the public comment period and voted *unanimously* on December 7, 2022 to submit the INN Project Plan to the Board of Supervisors. All comments and letters of support are included in Appendix 4.]

MHSA GENERAL STANDARDS

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

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

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

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

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

E) **Integrated Service Experience for Clients and Families**. ARISE clients will already be receiving services from MHA, so they will have a seamless transition to the ARISE program. The program will also refer clients to BHRS services as needed and support with linkages to behavioral health care.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

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

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

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

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program including opportunities for Medi-Cal billing as a rehabilitative activity and possibly under Personal Care and Homemaker Services should agencies be eligible to contract with the Health Plan of San

Mateo for the provision of these services. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. Individuals with serious mental illness or others requiring ongoing behavioral health supports will be connected with the local BHRS clinic and/or existing local service providers.

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

COMMUNICATION AND DISSEMINATION PLAN

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

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

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

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

Opportunities to present at statewide conferences will also be sought.

B) **KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**
   a. In-home support behavioral health
   b. IHSS behavioral health
   c. Residential tasks and behavioral health
   d. Home maintenance support and behavioral health

TIMELINE

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

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

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

Quarter	Key Activities, Milestones, and Deliverables
Mar-Jun 2023	• BHRS Administrative startup activities – procurement and contract negotiations
July-Dec 2023	• Hire and train staff • Hire and train ARISE IHSS workers • Convene project advisory board • Develop client intake and follow-up forms • Set up infrastructure for implementation/ evaluation and referral system and resources • Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools • Begin enrolling clients to start in January
Jan-Mar 2024	• Begin ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2024	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection • First 6 months post-launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2024	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection
Oct-Dec 2024	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection
Jan-Mar 2025	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection • Sustainability planning begins
Apr-Jun 2025	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jul-Sept 2025	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Initial sustainability plan presented, begin exploring options for sustainability

	• Engage MHSA Steering Committee and MHSARC through MHSA Three-Year Community Program Planning (CPP) process on continuation of the project with non-INN funds
Oct-Dec 2025	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection
Jan-Mar 2026	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection
Apr-Jun 2026	• Continue ARISE IHSS services to clients and linkages to behavioral health services • Data tracking and collection • Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jun-Dec 2026	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026
Jan-Mar 2027	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

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

discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

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

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

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

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

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

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

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

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*						
EXPENDITURES						
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	**Total Personnel Costs**						**$ 0**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs	**$10,000**	**$40,000**	**$35,000**	**$35,000**	**$25,000**	**$145,000**
7.	**Total Operating Costs**						**$145,000**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$ 0**

#		FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	TOTAL
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs		$330,000	$330,000	$330,000		$990,000
12.	Indirect Costs		$35,000	$30,000	$30,000	$5,000	$100,000
13.	**Total Consultant Costs**						**$1,090,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$ 0**
	BUDGET TOTALS						
	Personnel (total of line 1)						$0
	Direct Costs (add lines 2, 5, and 11 from above)		$330,000	$330,000	$330,000		$990,000
	Indirect Costs (add lines 3, 6, and 12 from above)	$10,000	$75,000	$65,000	$65,000	$30,000	$245,000
	Non-recurring costs (total of line 10)						$0
	Other Expenditures (total of line 16)						$0
	TOTAL INNOVATION BUDGET						**$1,235,000**

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

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

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

APPENDIX 1. THEORY OF CHANGE

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

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

Key Considerations (from the literature)	Interventions	Outcomes	Learning Objectives	MHSA INN Primary Purpose

Key Considerations (from the literature)

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

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

Interventions

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

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

Outcomes

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

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

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

Learning Objectives

Learning Goal #1
Do clients receiving in-home supports tailored for individuals with behavioral health needs **maintain their housing**?

Learning Goal #2
To what extent does the ARISE program support clients' **health, wellbeing, and recovery**?

Learning Goal #3
To what extent does the ARISE program **improve capacity** for in-home supports to serve individuals with complex behavioral health challenges?

MHSA INN Primary Purpose

Increased access to behavioral health services

APPENDIX 2. MHSA THREE-YEAR CPP PROCESS

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

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

CPP FRAMEWORK

1. Needs Assessment

Dec 2019 – Mar 2020
• Review of local plans, assessments, evals/reports
• Survey to prioritize needs

2. Strategy Development

Mar – Apr 2020
• Input sessions and key interviews
• Prioritization by MHSA Steering Committee

3. MHSA Three-Year Plan

May – Jun 2020
• Behavioral Health Commission 30-Day Public Comment
• Board of Supervisors Adoption

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

Needs Assessment

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

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

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

Strategy Development

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

1. Input: 28 community input sessions and key interviews with diverse groups and vulnerable populations were conducted **to identify strategies to address the prioritized needs.** Participants brainstorm strategies in the areas of prevention, direct service and workforce training. Participants were asked the following questions:

- Are there any program/service that are working well to address the need identified and would benefit from either expansion or enhancements?
- Is there a new service or program that you would like to see considered to address the need identified?

2. **Prioritization:** To support the prioritization of strategies, participants were also asked: Which strategy will have the most impact over the next three years?

A strategic approach to addressing the input received, was proposed to the MHSA Steering Committee. The 22 strategies prioritized through the input sessions were organized under 5 MHSA Strategic Initiatives with the intent to allocate existing MHSA staff resources to engage stakeholders in planning to develop an adaptive strategy direction for these initiatives. The goal being to a) define a continuum of services, b) identify gaps at all levels of support or intensity in treatment, and c) articulate expected outcomes and identify the activities/strategies that will support a comprehensive continuum of services. This can be accomplished within the current budget and will give us valuable information we need to make informed decisions about funding and next steps once revenue increases.

The 5 MHSA Strategic Initiatives and respective 22 strategies were presented to the MHSA Steering Committee on April 29, 2020. Pre-recorded public comments were included for each strategy area and an opportunity for additional public comments was provided. The MHSA Steering Committee members were asked the following two questions via an online survey to help both a) rank the 5 Strategic Initiatives and b) rate the 22 strategies.

Housing was the MHSA Strategic Initiative that most Steering Committee members prioritized, followed by Crisis Diversion.

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

MHSA Three Year Plan
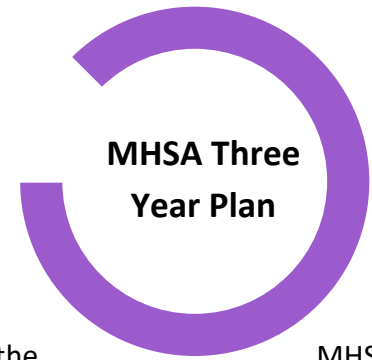
STAKEHOLDERS INVOLVED

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

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

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

Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments). While we were unable to collect demographic data from all the Input Sessions, we know that 57 client and family member stipends were provided during various sessions as listed below, for a total amount of $1,425.

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

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

Demographics of participants

San Mateo County MHSA Three-Year Plan FY 2020-21 through FY 2022-23
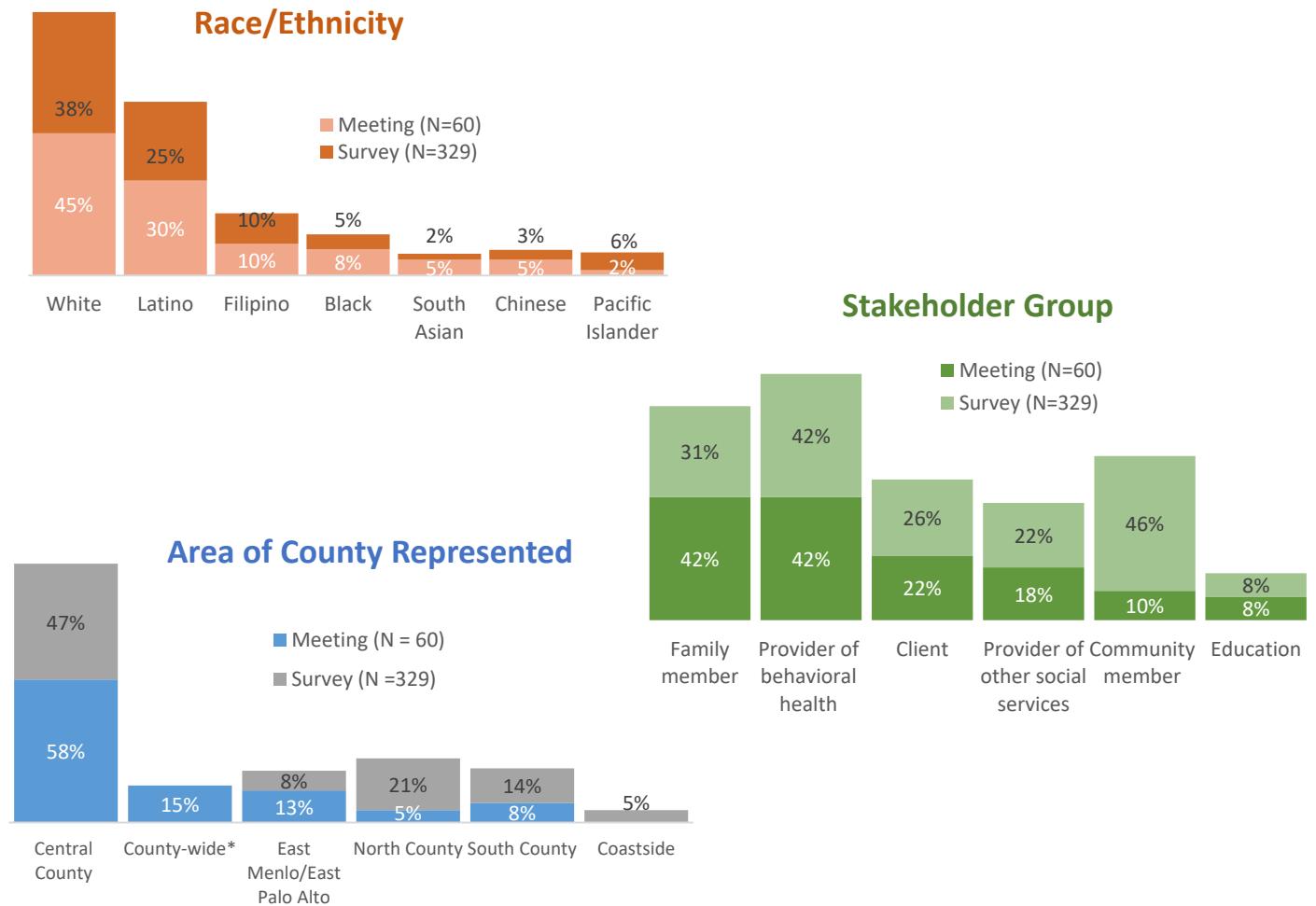
Input Session conducted

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

APPENDIX 3. INN IDEA SUBMISSION PACKET

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

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

Start here to get informed!
MHSA Frequently Asked Questions
MHSA Submission Process and Dates
Idea Submission MythBusters
Scoring Criteria for Submissions
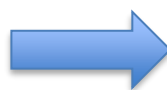
Then go here to submit!
Idea Submission Form

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

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

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

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

Frequently Asked Questions

MHSA Innovation

What is MHSA?	• California voters passed the Mental Health Services Act (MHSA), Proposition 63, in November 2004. It became state law on January 1, 2005.
	• MHSA raises money to transform the state's behavioral health programs through a 1 percent tax on personal incomes above $1 million.
	• There are three main categories of programs funded by MHSA:
	○ **Community Services & Supports (CSS)** are direct treatment and recovery services for serious mental illness and serious emotional disturbance.
	○ **Prevention & Early Intervention (PEI)** services are provided either before or at the early onset of mental health issues.
	○ **Innovation (INN)** projects are new approaches and community-driven best practices.
What is Innovation?	• INN makes up about 5% of the County's MHSA funding. For San Mateo County, this is currently about $2.15M per year for new projects.
	• INN projects are 3 to 5-year pilot projects to develop new best practices in behavioral health care. The County runs a stakeholder participation process for INN every three years.

What is included and excluded in INN?

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

INN projects must **either**:

1) Make a change to an existing behavioral health practice to improve the quality of the services or reach a different population

   or

2) Introduce a new approach in the behavioral health field

Making a change to an existing behavioral health practice

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

- For example: There might be a promising program in Boston for teenagers who have experienced trauma, but it serves mostly White youth. You want to modify it to be culturally relevant and test whether it is effective for Latinx teens in East Palo Alto.

- For example: San Mateo County already offered alternative therapies via the Neurosequential Model of Therapeutics (NMT) for children in its mental health system. An INN project was approved to test the effectiveness of NMT with adults.

Introducing a new approach in the behavioral health field

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

- For example: The promotora model was originally found to be effective in a public health setting. It was innovative when it was introduced to the behavioral health setting.

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

What happens to programs after the INN period ends?	• It depends. If projects are shown to be effective, some may get funding from another MHSA component (CSS or PEI). Some may have other funding sources, or a mix of MHSA and other funding sources.

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

MHSA INN Submission MythBusters

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

Myth   Only organizations/agencies can submit an idea.

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

Myth   Ideas can only be submitted online and in English.

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

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

Fact   **There are several ways that we will support you in submitting your idea**:
- TA hours
- Support in other languages
- Reasonable accommodations
- We can also support you in helping someone else submit an idea (a family member, friend, or client)

Myth   I will have to put together my submission quickly.

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

Myth   There are no guidelines for INN project topics.

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

MHSA Core Values

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

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

Three-Year Plan Strategic Initiatives

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

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

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

Fact **It will take you about 4-6 hours to put together your submission.**
- You will need to do the following:
    - Do some research or request support from the BHRS team to do some research on your project idea
    - Fill out a submission form

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

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

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

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

Fact   **The MHSA INN workgroup has developed [criteria for scoring](#) the ideas that stakeholders submit**.

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

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

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

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

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

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

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

Scoring Criteria for MHSA INN Submissions

1. **Pre-Screening**

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

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

2. **Submission Scoring**

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

Criteria	Definition	Score				

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

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

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

3. **Equity and Feasibility Review**

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

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

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

Idea Submission Form

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

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

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

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

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

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

Submission pre-check

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

☐ I live, work, play, or go to school in San Mateo County

☐ I have read the [INN requirements](#) and I believe my project meets the requirements

☐ I have found information (such as through an online search) that supports my project as something that would have positive impacts

☐ I have <u>not</u> seen research articles showing that my exact idea has already been done and has been effective in a behavioral health setting

Submission Information

Your Name: Email Address:

Phone Number:

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

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

   a. What services will be provided?

   b. Who will be served? (target population)

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

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

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

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

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

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

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

4c. Target populations (check all that apply)

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

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

☐ Yes
☐ No

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

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

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

☐ Yes
☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes

☐ No

Thank you!

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

APPENDIX 4. ALL PUBLIC COMMENTS RECEIVED