SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

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: November 6, 2024
☑ Completed 30 day public comment period Comment Period: November 6, 2024
☐ BOS approval date Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: January 14, 2025 *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: January 23, 2025 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County

Date submitted: TBD

Project Title: Progressive Improvements for Valued Outpatient Treatment (PIVOT)

Total amount requested: $5,650,000 ($5M service delivery for 5 years, $200K BHRS administration, $450K evaluation)

Duration of project: 5 years

PIVOT is a multi-county system redesign Innovation (INN) project, initially developed by Orange County, that supports counties in preparing for behavioral health transformation and the transition to the Behavioral Health Services Act (BHSA). Given that counties face similar system-level challenges, the project promotes cross-county learning and capacity building as counties redesign their behavioral health systems. San Mateo County BHRS is opting into one of the five components of the PIVOT concept. The Orange County plan, which offers full background on the need and design of the project, is attached. Approval of the project in San Mateo County is contingent upon Mental Health Oversight and Accountability Commission (MHSOAC) approval of the Orange County project.

Proposed PIVOT Component(s) to Implement in San Mateo County:

☐ Full-Service Partnership Reboot
☐ Integrated Complex Care Management for Older Adults
✓ **Developing Capacity for Specialty MH Plan Services with Diverse Communities**
☐ Innovating Countywide Workforce Initiatives
☐ Innovative Approaches to Delivery of Care

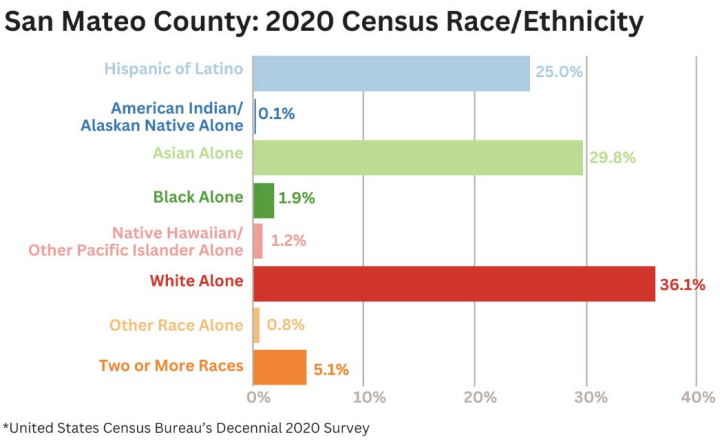
LOCAL NEED

In San Mateo County, as in other counties, mental health services are split into services for individuals with *mild to moderate* behavioral health conditions and specialty mental health services (SMHS) for individuals living with *serious mental illness* (SMI) or *substance use disorders* (SUD). In San Mateo County, community-based mental health providers typically provide MHSA-funded early intervention and peer support services. Additionally, community-based organizations (CBOs) are often the best equipped to provide culturally informed strategies in diverse communities–or what the California Reducing Disparities Project (CRDP) calls *community-defined evidence practices* (CDEPs)—alternatives or complements to standard evidence-based practices that "offer culturally anchored interventions that reflect the values, practices, histories, and lived-experiences of the communities they serve." As counties transition to BHSA and prioritize billable services, it will be critical to develop the community infrastructure and network of providers eligible to bill Medi-Cal for both specialty mental health, peer supports, and early intervention services.

County Demographics

San Mateo County is a diverse county in terms of race/ethnicity, country of origin, and language. As such, there is a great need to ensure that culturally informed CDEPs are integrated in the behavioral health system as the statewide behavioral health reform moves forward.

Race/ethnicity. San Mateo County has a total estimated population of 754,250. In 2020, 36.1% of residents identified as White (non-Hispanic), followed by 29.8% of individuals who identified as Asian, and 25.0% who identified as Hispanic/Latinx. Black/African American individuals made up 1.9% of the population, Native Hawaiian/Pacific Islander individuals made up 1.2%, and American Indian/Alaskan Native made up 0.1% of the population. Individuals who identified as two or more races made up 5.1% of the population, and individuals who identified as another race made up 0.8%.[1]



Country of origin. An estimated 35.9% of San Mateo County residents were born outside of the United States.[2] The regions of birth included Mexico and Central America, South America, Europe/Canada/Oceana, and Asia (60%, 6%, 5%, 29% respectively).[3] In 2019, according to the Migration Policy Institute, San Mateo County had 55,000 undocumented residents.[4]

Languages spoken. Nearly half (45.2%) of San Mateo County residents speak a language other than English at home. The most common foreign languages spoken in San Mateo County are Spanish (17.2%), Chinese which includes Cantonese and Mandarin (9.3%) and Tagalog (6.2%).[5]

[1] San Mateo County, County Executive's Office, using 2020 United States Census. https://www.smcgov.org/ceo/san-mateo-county-demographics-0

[2] San Mateo County, County Executive's Office, using American Community Survey, 2018-2022, 5-Year Estimates.

[3] San Mateo County 2020-2021 Cultural Competence Plan. https://www.smchealth.org/sites/main/files/file-attachments/final_smc_bhrs_ode_cultural_competency_plan_20_21_0.pdf?1642194682

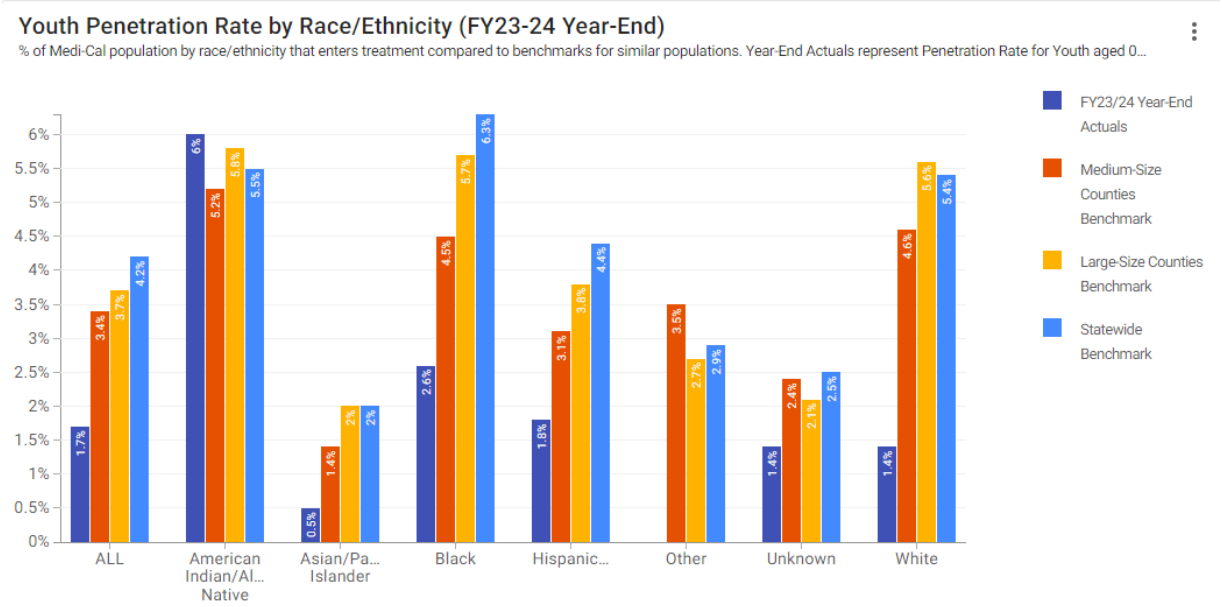
[4] San Mateo County 2020-2021 Cultural Competence Plan.

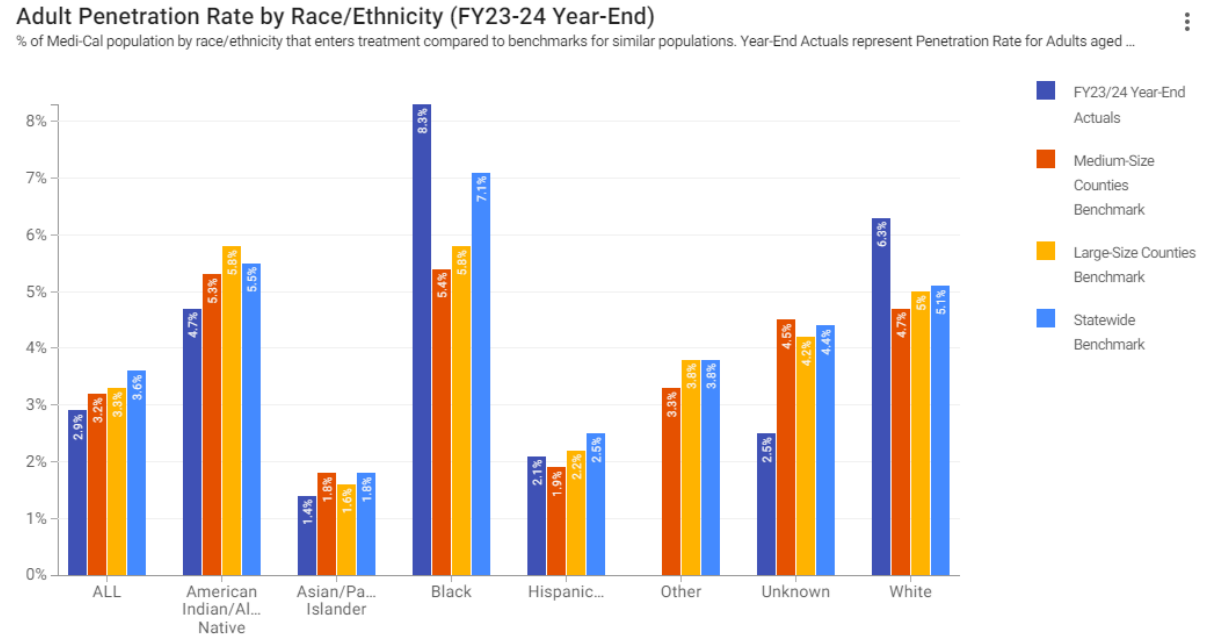
[5] Source: San Mateo County, County Executive's Office, using American Community Survey, 2018-2022, 5-Year Estimates

Underrepresented Groups in the Behavioral Health System

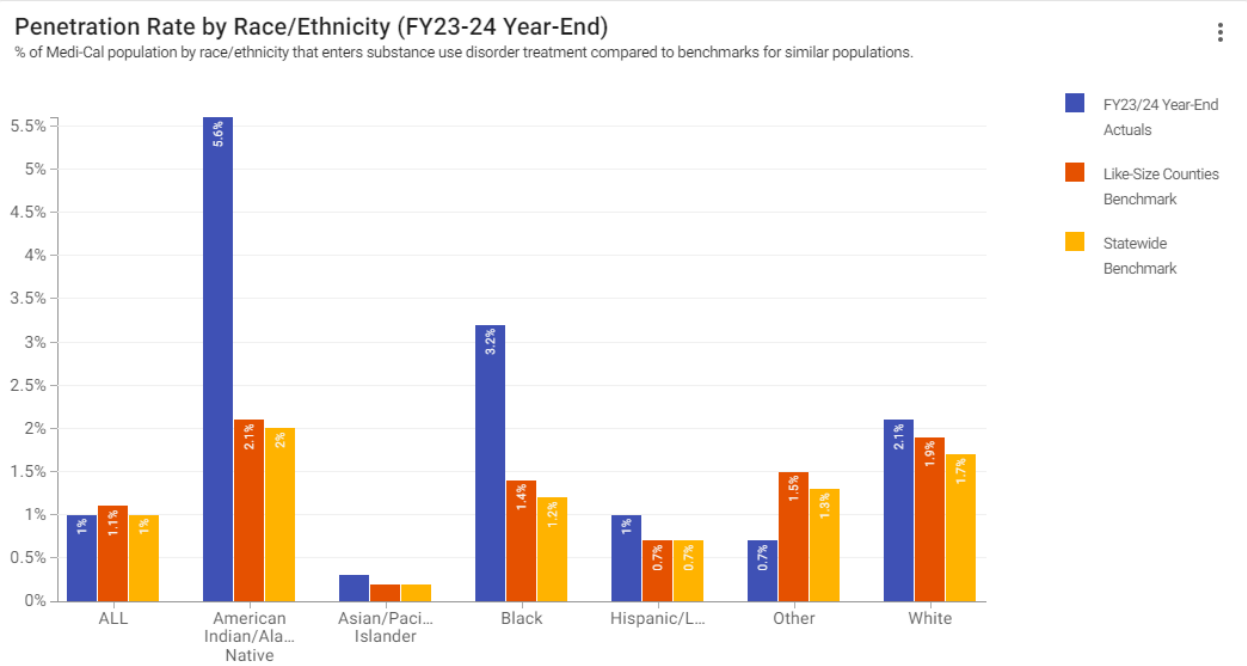
Penetration rates for specialty mental health and substance use services represent the percent of Medi-Cal eligible individuals who are served by the county behavioral health system. Looking at penetration rates for mental health and substance use services by race/ethnicity helps to identify communities that are underrepresented in the BHRS system of care. Mental health penetration rates for youth in San Mateo County are low across all race/ethnicity categories. For adults, overall rates are lower compared to similar-size counties and the state and more specifically underrepresentation of American Indian/Alaskan Native and Asian/Pacific Islander.

FY 23/24 Year-end penetration rates of youth and adults for mental health treatment by race/ethnicity category.





FY 23/24 Year-end penetration rates for substance use disorder treatment by race/ethnicity



Gaps in Medi-Cal Billing

In San Mateo County, larger and established community-based providers are certified to bill for Medi-Cal reimbursement for their culturally informed early intervention mild-to-moderate and SMHS (e.g., StarVista's San Mateo County Pride Center). Yet, there are challenges for smaller CBOs that do not have the infrastructure or capacity needed to become a SMHS provider and/or certified bill Medi-Cal for eligible peer support and early intervention services.

In San Mateo County, there are at least 15 MHSA-funded peer support and early intervention providers that could potentially bill to Medi-Cal if support were available to help them be certified and train them in billing procedures. These programs range from $75,000 to $650,000.

The PIVOT project creates an opportunity to sustain effective and culturally informed early intervention and peer support services funded by San Mateo County MHSA (e.g., The Cariño Project, Farmworker Equity Express, Kapwa Kultural Center, Recovery Connection, California Clubhouse, Helping Our Peers Emerge: From Hospitalization to Healthy Community Integration; Joven Noble, Mindfulness-Based Substance Abuse Treatment, INSPIRE Brief Intervention, Promotores Model - Outreach Collaboratives, Music Therapy for Asian Americans, etc.) and enhance the volume and quality of culturally informed SMHS by assisting CBOs to become SMHS providers, certify to bill Medi-Cal, and help them identify components of successful CDEPs that can be billable. Recently, an organization that has been a longtime provider of specialty mental health services announced the closure of many of their programs in San Mateo County, including Full Service Partnership services. This speaks to the local need to increase the pool of viable SMHS providers. The project will determine steps to help CBOs that are interested become SMHS providers and/or certified to bill for their early intervention CDEPs and peer support services. It will test the model of billing that health care providers use and identify components of CDEPs for which counties could leverage Medi-Cal billing.

LEARNING OBJECTIVES

The table below lists the learning objectives designed for the Orange County project along with additional learning objectives for San Mateo County.

PIVOT Learning Objectives (Orange County)	Additional Local Learning Objectives
1. What are the minimum requirements for a CBO to become a Medi-Cal/DMC-ODS provider? 2. What type and level of technical assistance is needed to support CBOs? 3. In what ways does a hub and spoke model effectively support capacity building? 4. Does embedding culturally based approaches for specialty mental health care improve penetration rates and client outcomes? 5. Which CDEPs are most effective? 6. How can CDEPs be utilized to generate revenue?	1. To what extent and how does the process of billing Medi-Cal change CBOs' service delivery practices (e.g., structure of services, time spent on administration)? 2. What adjustments do CBOs need to make to their practices in order to incorporate Medi-Cal billing into their practice?

LOCAL COMMUNITY PLANNING PROCESS

PIVOT is pending approval from the MHSOAC and is scheduled for review on October 24, 2024 MHSOAC meeting. 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. San Mateo County's current MHSA Three-Year Plan strategies all embed three core components: *1) embed peer and family supports into all behavioral health services; 2) Implement culturally responsive approaches to address existing inequities; and 3) increase community awareness and education about behavioral health topics, resources and services.*

Appendix 1 includes the MHSA Three-Year Plan CPP process and Strategy Recommendations. Implementing this PIVOT component – to develop the community infrastructure and network of providers eligible to bill Medi-Cal for both specialty mental health, peer supports, and early intervention services – not only supports core BHSA priorities but also addresses San Mateo County local priorities. To further explore the support for this project with community stakeholders, an MHSA quarterly meeting was dedicated to exploring options for multi-county projects and hear directly from the community regarding their interests and needs. Participants expressed concern with sustainability of programs currently funded under Prevention and Early Intervention component - there are early intervention providers providing billable services that are not billing Medi-Cal. Participants described

barriers such as infrastructure, capacity, the impact on the community-defined practices if specific criteria are required for billable services.

INN Idea Selection Process

- ✓ With the availability of funding for new INN projects to be approved in the current fiscal year, BHRS sought to identify potential INN projects from its 2022 idea submission round that would meet current needs and align with the priorities of the BHSA.
- ✓ BHRS staff reviewed the 14 ideas that had been pre-screened in 2022 against the Innovation requirements. In order to prioritize INN projects that could be sustained under the BHSA, staff screened the 14 ideas to identify projects that included treatment/recovery and/or early intervention services. Most project ideas were in the area of prevention; five ideas included components of early intervention, treatment, and/or recovery.
- ✓ BHRS conducted an internal feasibility review of the five projects, and determined to move forward with two of the INN proposals based on BHRS capacity and priorities for the BHSA transition. In addition, BHRS decided to move forward with two multi-county collaborative INN projects.
- ✓ On September 5, 2024, the MHSA Steering Committee met to review the two community-derived INN ideas, and the two multi-county collaborative projects, and provide comment and considerations for the projects through breakout room discussions and online comment forms.
- ✓ The Behavioral Health Commission voted to open the 30-day public comment period on October 2, 2024 and reviewed comments during the public hearing and closing of the public comment period on November 6, 2024. All public comments received are summarized in Appendix 2.

SUSTAINABILITY

The project is self-sustaining as BHRS will develop the infrastructure to support community-based network of providers. Currently, BHRS has hired a consultant who is going to help with project management across various infrastructures needed for the BHSA transition, including this project. Ongoing staffing needs will leverage the additional BHSA 2% administration allocation available to counties to implement BHSA priorities where appropriate. San Mateo County BHRS is pursuing a Mental Health Program Specialist position to support the new BHSA Early Intervention component including contract monitoring of all Early Intervention programs, coordination with Managed Care Plans and working closely with the BHRS Quality Management team and administrative staff as it relates to Medi-Cal billing for early intervention contracted providers who currently do not bill Medi-Cal. SMHS providers will continue to work with our current BHRS QM and billing supports. This project is likely to increase the need to have additional in-house infrastructure and ongoing supports and can be funded through the Early Intervention component of BHSA and/or the BHSA 2% administration allocation.

ALIGNMENT WITH BHSA

The PIVOT project supports the county's transition to BHSA by identifying system-level changes that will expand culturally informed billable services and a well-trained and supported behavioral health workforce. These changes will create a sustainable foundation for the delivery of high-quality services for the most vulnerable and at-risk individuals.

The following table includes responses to the MHSOAC's questions regarding how new INN proposed projects will align with the transition to BHSA, be sustained, and provide continuity of care.

BHSA Transition Questions	Response
How does the proposal align with the BHSA reform?	The project focuses on expanding accessible, culturally informed billable services for the "most ill and vulnerable" population and to be able to intervene in the "early signs of mental illness or substance use".
Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?	No
Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?	Yes, the project focuses on developing internal BHRS infrastructure to be able to support community-based mental health providers who typically provide early intervention services, to develop their capacity to provide billable specialty mental health services and early intervention services.
Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?	No
How will the County continue the project, or components of the project, after its completion without the ability to utilize certain components of MHSA funding for sustainability?	The project is self-sustaining as BHRS will develop the infrastructure to support community-based network of providers. Ongoing staffing needs will leverage the additional BHSA 2% administration allocation available to counties to implement BHSA priorities.
How does the project assist the county's transition to the behavioral health reform?	BHSA expands and increases the types of support available to the most vulnerable and at-risk individuals, which includes peer support services and early intervention strategies. The project develops the infrastructure necessary to provide these services in a culturally informed manner.

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The total Innovation funding request for 5 years is **$5,650,000**, which will be allocated as follows:

Service Contract + Infrastructure: $5,000,000	**Evaluation: $450,000**	**BHRS Administration: $200,000**
· $500,000 for FY 24/25 · $1,000,000 for FY 25/26 · $1,000,000 for FY 26/27 · $1,000,000 for FY 27/28 · $1,000,000 for FY 28/29 · $500,000 for FY 29/30	· $60,000 for FY 24/25 · $85,000 for FY 25/26 · $85,000 for FY 26/27 · $85,000 for FY 27/28 · $85,000 for FY 28/29 · $50,000 for FY 29/30	· $30,000 for FY 24/25 · $40,000 for FY 25/26 · $40,000 for FY 26/27 · $40,000 for FY 27/28 · $40,000 for FY 28/29 · $10,000 for FY 29/30

Direct Costs will total $1,500,000 over a five-year term and includes all contractor expenses related to delivering the program services (salaries and benefits, training costs, program supplies, rent/utilities, mileage, translation services, subcontracts, etc.). Direct costs will also include provider infrastructure incentives in an amount of up to $200,000 to support capacity building for MediCal billing of up to 15 BHRS contracted providers. BHRS has a model for incentivizing contracted providers that has worked well for CalAim implementation activities.

Indirect Costs will total $650,000

- $450,000 for an independent evaluation contract to develop all annual reports and the final report due by December 31, 2030. The evaluation contract includes developing the evaluation plan, supporting data collection throughout the five years of implementation, data analysis and preparing the annual and final reports required.
- $200,000 is 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 initial anticipated FFP. Opportunities for developing Medi-Cal billing capacity for BHSA early intervention providers will be pursued.

Other Funding: The County will go through a local bidding process to identify the contractor for direct services; the bidding process will inquire about any in-kind or other revenue sources that can be leveraged.

	BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
	EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**FY 29/30**	**TOTAL**
1.	Salaries							
2.	Direct Costs							
3.	Indirect Costs	$30,000	$40,000	$40,000	$40,000	$40,000	$10,000	**$200,000**
4.	**Total Personnel Costs**	**$30,000**	**$40,000**	**$40,000**	**$40,000**	**$40,000**	**$10,000**	**$ 200,000**
	OPERATING COSTS*							
5.	Direct Costs							
6.	Indirect Costs							
7.	**Total Operating Costs**							**$**
	NON-RECURRING COSTS (equipment, technology)							
8.								
9.								
10.	**Total non-recurring cost**							**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)							
11.	Direct Costs	$500,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$500,000	**$5,000,000**
12.	Indirect Costs	$60,000	$85,000	$85,000	$85,000	$85,000	$50,000	**$450,000**
13.	**Total Consultant Costs**	$560,000	$1,085,000	$1,085,000	$1,085,000	$1,085,000	$550,000	**$5,450,000**
	OTHER EXPENDITURES (please explain in budget narrative)							
14.								
15.								
16.	**Total Other Expenditure**							**$**
	BUDGET TOTALS							
	Personnel (total of line 1)							**$**
	Direct Costs (add lines 2, 5, and 11 from above)	$500,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$500,000	**$5,000,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	$90,000	$125,000	$125,000	$125,000	$125,000	$60,000	**$650,000**
	Non-recurring costs (total of line 10)							**$**
	Other Expenditures (total of line 16)							**$**
	TOTAL INNOVATION BUDGET	$590,000	$1,125,000	$1,125,000	$1,125,000	$1,125,000	$560,000	**$5,650,000**

*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 <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**FY 29/30**	**TOTAL**
1.	Innovative MHSA Funds	$530,000	$1,040,000	$1,040,000	$1,040,000	$1,040,000	$510,000	**$5,200,000**
2.	Federal Financial Participation							
3.	1991 Realignment							
4.	Behavioral Health Subaccount							
5.	Other funding							
6.	**Total Proposed Administration**	$530,000	$1,040,000	$1,040,000	$1,040,000	$1,040,000	$510,000	**$5,200,000**
	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 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**FY 29/30**	**TOTAL**
1.	Innovative MHSA Funds	$60,000	$85,000	$85,000	$85,000	$85,000	$50,000	**$450,000**
2.	Federal Financial Participation							
3.	1991 Realignment							
4.	Behavioral Health Subaccount							
5.	Other funding							
6.	**Total Proposed Evaluation**	$60,000	$85,000	$85,000	$85,000	$85,000	$50,000	**$450,000**
	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 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**FY 29/30**	**TOTAL**
1.	Innovative MHSA Funds*	$590,000	$1,125,000	$1,125,000	$1,125,000	$1,125,000	$560,000	**$5,650,000**
2.	Federal Financial Participation							**$**
3.	1991 Realignment							**$**
4.	Behavioral Health Subaccount							**$**
5.	Other funding**							**$**
6.	**Total Proposed Expenditures**	$590,000	$1,125,000	$1,125,000	$1,125,000	$1,125,000	$560,000	**$5,650,000**
	*** 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.**							