



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo

Date submitted:

Project Title: Cultural Arts and Wellness Social Enterprise Cafe for Filipino/a/x Youth

Total amount requested: \$2,625,000 (\$2,100,000 services; \$315K admin; \$210K eval)

Duration of project: 5 years

Section 1: Innovations Regulations Requirement Categories

GENERAL REQUIREMENT:

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

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

PRIMARY PURPOSE:

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

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





Section 2: Project Overview

PRIMARY PROBLEM:

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

Filipino/a/x Youth & Mental Health

Asian Americans are the fastest growing racial/ethnic group in the U.S. and Filipinos are the third largest subgroup.¹ In San Mateo County, the City of Daly City, has the highest concentration of Filipino/a/x Americans of any municipality in the U.S; making up 32% of the population. Yet, there is limited published research on mental health challenges impacting Filipino/a/xs and even less literature on promising practices,² especially focused on adolescent youth. Filipino/a/xs are often grouped with Asian Americans which masks cultural-specific considerations for unmet mental health needs. This was highlighted repeatedly by the California Reducing Disparities Project (CRDP) Asian Pacific Islander (API) Population Report, an MHSA Prevention and Early Intervention (PEI) state-funded project and the largest investment in the nation to look into diverse community perspectives on mental health disparities. Throughout the entire report it was stressed that API is a heterogenous grouping and that data and strategies should address the diverse needs of ethnic subgroups. Out of the 56 promising practices reviewed by CRDP, only six targeted Filipino/a/x and only one targeted Filipino/a/x exclusively, the Filipino Mental Health Initiative (<https://www.smchealth.org/filipino-mental-health-initiative>), which is a collaborative of community-based partners, county staff, clients, family members and community stakeholders that developed this innovation project proposal.

Primary Problem: High rates of depression and suicidal ideation attributed to cultural identity formation amongst Filipino/a/x youth

The limited studies available on Filipino/a/x youth suggest disparities with regards to social determinants of health (school, employment, access to care, etc.) and behavioral health outcomes. Nationwide, Filipino/a/x youth have one of the highest high school dropout rates and one of the highest rates of teen suicide ideation and attempts³.

- Research from the Centers for Disease Control and Prevention found 45.6% of Filipina American adolescents have experienced suicidal ideation, the highest rate of suicidal ideation at among all racial and ethnic groups,⁴ as well as higher

¹ <https://www.pewresearch.org/fact-tank/2017/09/08/key-facts-about-asian-americans/>

² Jackson, Y. K. (2006). Encyclopedia of multicultural psychology. Thousand Oaks, CA: Sage.

³ President's Advisory Commission on Asian Americans & Pacific Islanders, 2001

⁴ Wolf, DL. Family Secrets: Transnational Struggles among Children of Filipino Immigrants. Sep 1997 40(3): pp. 457-482



rates of depression at 13.6% compared to other Asian American females.⁵

- Research has shown an association between low self-esteem and Filipino/a/x youth⁶. Empirical evidence also suggests that depression affects Filipino/a/x youth and adolescent health risk behaviors increase with each generation of Filipino/a/x youth.⁷

Unfortunately, San Mateo County disaggregated data for Filipino youth is largely unavailable. The California Health Kids Survey reports on Asian as an ethnicity with no further breakdown. Yet, we know that mental health challenges can impact youth's educational outcomes and other quality of life indicators. Young people need jobs, skills, support and emotional and physical safety in order to succeed academically and ultimately have positive behavioral health outcomes.

- At Jefferson Union High School District, Filipino/a/x students had an 90% graduation rate from high school and yet, only 42% met University of California (UC) and California State University (CSU) requirements.
- At South San Francisco Unified, In Westmoor High (another Daly City high school) 91% Filipino/a/x students graduated and just 19% met the requirements.⁸
- In San Mateo County, 53% of youth clients in Probation and 43% in Behavioral Health and Recovery Services come from the same 4 zip codes, two of these are where we have high concentration of Filipinos, the City of Daly City and South San Francisco.

Cultural Identification as a Protective Factor

There is plenty of research that suggests that the stronger a youth's cultural/ethnic identity, the higher their resilience and the more likely it is that they experience positive life outcomes⁹. In a study looking at Asian American youth from emerging communities found that both ethnic exploration and ethnic belonging was significantly correlated with higher self-esteem and lower depressive symptoms.¹⁰

Based on the research of E.J. Ramos David PhD, and Kevin Nadal PhD, two highly regarded Filipino Psychologists, there is a strong correlation between cultural identity formation and mental health and wellness of Filipino/a/x adolescent youth:

- A bicultural clash exists between collectivist (Filipino/a/x) and individualist (American) value system, which leads to a lack of a stable sense of cultural identity; this in turn leads to mental health issues related to decreased self-

⁵ Kim, L. S., & Chun, C.-a. (1993). Ethnic differences in psychiatric diagnosis among Asian American adolescents. *Journal of Nervous and Mental Disease*, 181(10), 612-617.

⁶ Rumbautd RG. The crucible within: ethnic identity, self-esteem, and segmented assimilation among children of immigrants. *The new second generation*. New York (NY): Russel Sage Foundation; 1996 pp. 119–170.

⁷ Javier JR, Huffman LC, Mendoza FS, Filipino Child Health in the United States: Do Health and Health Care Disparities Exist? *Prev Chronic Dis*. 2007 Apr; 4(2): A36.

⁸ DataQuest, California Department of Education, 2019.

⁹ Yasui, M, & Dishion, TJ. The ethnic context of child and adolescent problem behavior: Implications for child and family interventions. *Clinical Child and Family Psychology*, 2007 10(2), 137-179

¹⁰ Stein, GL, Supple, AJ, Kiang, L, & Gonzalez, LM. Ethnic Identity as a protective factor in the lives of Asian American adolescents. *Asian American Journal of Psychology*. 2014



efficacy and self-worth.¹¹

- “Ethnic identity development is particularly critical for minority adolescents since they have, in addition to their ordinary development issues, the added burden of exploring the values of both their host society and their original cultures...”.¹²

An upstream, holistic, cultural-based, integrative approach for Filipino/a/x Youth in Northern San Mateo County can lead to developing protective factors and improving mental health outcomes for at-risk Filipino/a/x youth.

PROPOSED PROJECT

Describe the INN Project you are proposing.

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

The proposed project is a cultural arts and wellness-focused social enterprise café that offers youth development and mental health programming on site. The social enterprise café will hire and train at-risk youth from Northern San Mateo County and serve as a culturally affirming space for Filipino/a/x youth and community. The social enterprise model has proven to be a more sustainable approach when it comes to stable and diversified funding streams. Most of the existing community organizations that offer some elements of the proposed project rely heavily on grant-writing and fundraising.

Social Enterprise – Cultural Arts-Focused Cafe

Social enterprises advance a social mission and provide financial sustainability. The cultural arts focused cafe will provide at risk youth from Northern San Mateo County an employment and training opportunity as they learn all aspects of running a café, and gain transferable skills relating to financial literacy & wellness and entrepreneurship. Employed youth will develop leadership and other critical life skills including problem solving, teamwork, critical thinking, and creativity, among others. The social enterprise business model will include profit generation to support the financial sustainability of the café and its programming.

Culture and wellness focus

Building off the research on the importance of cultural identification and a proven understanding of wellness-focused interventions and their long-term impact on behavioral health outcomes, the cultural arts focused cafe will be rooted in a foundation of Filipina/o/x Cultural Values: Kapwa (togetherness) and Ginhawa (total wellness). The centralized gathering space will serve as a platform to collectively address intergenerational and ancestral trauma and wounds. The café will celebrate Bayanihan (“community” in Tagalog), honor diversity, and promote holistic health through arts & wellness practices. By exploring the Filipino/a/x and Filipino/a/x American experience and history of the Philippines,

¹¹ Nadal, K. *Filipino American Psychology: A Handbook of Theory, Research, and Clinical Practice*. John Wiley & Sons, Mar 2011

¹² Shrake, EK, Rhee, S. Ethnic identity as a predictor of problem behaviors among Korean American adolescents. 2004. *Adolescence* . 39 (155), pp. 601-622.



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the café aims to bridge multiple generations through various culturally-specific educational and expressive arts engagement and elevate youth to be the next generation leaders of social change, wellness ambassadors, and cultural preservationists. While the cafe is inspired by the Filipino/a/x experience, anyone interested in learning about the Philippines is welcome and encouraged to collaborate in building multicultural awareness and community.

Leadership development and mental health programming

Hiring and training at-risk youth to work at and eventually manage the café is critical to providing youth with basic needs of employment, job skills and leadership development. The cafe has the potential of impacting more Filipino/a/x youth in Daly City and neighboring communities.

The café will also offer programming that is holistically designed around social determinants of health and issues important to Filipino/a/x youth in Northern San Mateo County. The programming will leverage successful programs, such as the Skyline College Kababayan Learning Community that focuses on education relating to the Filipino/a/x & Filipino/a/x cultural experience; and Daly City Youth Health Center's Elements for Success¹³ program, a school-to-career transition program, along with expanded service. It will consist of five components that have been developed over the past six years by community stakeholders with youth input and continue to be refined:

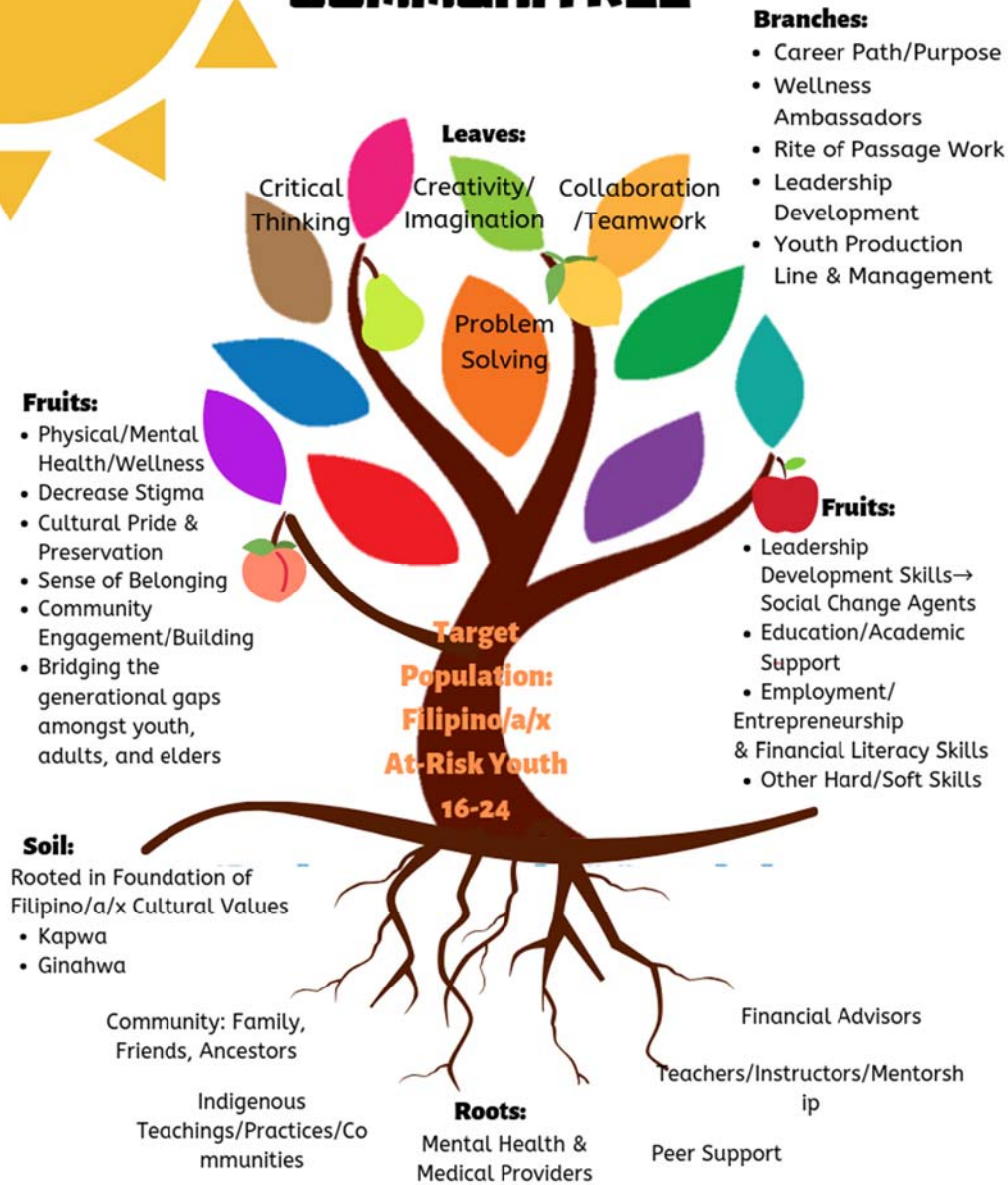
- Career Path/Purpose (school-to-career prep)
- Wellness Ambassadors (wellness and mental health linkages)
- Rite of Passage Work (cultural identity formation)
- Leadership Development (i.e. capstone arts-based projects to address mental health & wellness related social issues facing the community)
- Youth Production Line & Management (financial wellness)

This programming component of the café is represented in the CommuniTREE framework, below, which uses a tree as a metaphor to depict the values that ground this work (SOIL), the supports needed (ROOTS) for success, the strategies that will get us there (BRANCHES), the resulting youth capacity (LEAVES) and health outcomes (FRUITS) we expect to impact.

¹³<https://www.skylinecollege.edu/kababayan/>; <https://www.dalycityyouth.org/elements.html>



CommuniTREE





Project implementation activities:

- Work with social enterprise consultants to finalize business plan.
- Project startup - identify location, procure inventory, furniture, equipment, licensing and permits, hire staff.
- Establish youth and subject matter TRIBE advisory group(s).
- Develop culturally appropriate methods of Filipinx youth engagement through various arts modalities, such as workshops & training in culinary arts, literary, visual and performing arts, and multi-media/digital arts, etc.
- Offer workshops, classes, and skill-building activities to support youth to gain financial literacy skills, enhance sustainable financial wellness, explore field of entrepreneurship, and enhance leadership development skills.
- Provide mentorship opportunities with local entrepreneurs to build professional network and develop vocational skills.
- Provide classes/workshops for youth to examine connection of mental health and wellness to Filipinx cultural identity
- Cultivate a stigma-free space to have conversations around mental health and wellness through educational classes and workshops.
- Launch Mano Po Program:
 - Offer safe, inclusive, and culturally affirming spaces that create opportunities for intergenerational connection to mitigate risks for isolation and depression.
 - Ensure cultural preservation of Kapwa and Ginhawa through passing down of traditions, food history/narrative/recipes, and practices to address the intergenerational gap and support youth's cultural identity formation.
 - Foster intergenerational interaction through hosting storytelling (Kwentuhan) events/activities (ie. digital storytelling, photovoice, mural making)
- Create natural touchpoints and linkages to increase access to behavioral health services.
- Work with TRIBE Advisory to develop sustainability plan.



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Project Staffing:

- Program Director (1.0 FTE), with a mental health background and notable long-standing/established relationship to Filipinx community in North San Mateo County, will oversee the operational components, coordination of care/services for the Kafe, and continued strengthening of community resources/relationships.
- Case Manager (1.0 FTE) will conduct comprehensive intake assessment, provide case management, and guidance through internship/apprenticeship program with each youth participant. They will assist youth in identifying an internship/apprenticeship through the Kafe that is aligned with their strengths, skills, and interests (in mental health, wellness, &/or food industry). REFER TO DATA in Needs Assessment). Additionally, provide academic and career focused resources and referrals to youth.
- Clinical Case Worker (1.0 FTE) will therapeutically engage and explore wellness practices offered at the Kafe with youth in a cultural context and as they obtain knowledge around physical, mental, and spiritual health (ie. physical fitness, such as zumba, yoga, and martial arts). They will utilize behavioral health assessment tools to help youth identify potential needs for clinical support and linkage to mental health services.
- Community Outreach Worker (1.0 FTE) Worker will serve as a conduit to local high schools and colleges to provide Filipinx focused education that fosters cultural identity formation (ie. Filipino History) and arts-based vocational training.
- Youth Services Coordinator (.5 FTE)- Admin/Onboarding/Operations of School-to-Career Programming
- Front Desk/Office Manager (.75 FTE)- Managing front desk and administrative operations with cafe and cultural center. Responsible for scheduling and maintaining calendar of events, classes, and workshops.
- Cafe Manager (1.0 FTE) oversees cafe operations and staffing



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

Increases access to mental health services to underserved groups

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

Based on a comprehensive review of published literature, web-based searches, the following were identified as key considerations for the project activities and approach:

1. **Social Determinants of Health (SDOH)** - Disparities in health exist for Filipino/a/x youth and lead to negative outcomes in MH Upstream strategies that intervene at the root causes of disparities are needed
2. **Behavioral Health** - Disparities in behavioral health outcomes exist for Filipino/a/x youth
3. **Cultural Identity** - Cultural identification is critical for the mental health of Filipino/a/x youth as they explore the opposing values of two cultures
4. **Promising Practices** - There is a need for promising sustainable practices that address the mental health needs of Filipino/a/x youth

These considerations serve as supporting evidence for the proposed interventions and selected approach for this project. The Theory of Change for this project, Appendix 1., illustrates the pathways between the supporting evidence for the interventions, the interventions or activities, expected outcomes, and learning objectives.

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

The local Daly City Youth Health Center sees 69 Filipino/a/x youth ages 13-22 for behavioral health counseling based on a recent annual report. While the café program will not have direct mental health services onsite, there will be a robust referral network that connects youth to systems of care, including behavioral health counseling. The café will not have the stigma associated with seeking behavioral health services and it is completely based on employing culturally relevant engagement strategies for youth (various arts modalities, such as workshops & training in culinary arts, literary, visual and performing arts, and multi-media/digital arts, etc.). Therefore, we expect a higher number of youth to engage in services at the café.



Additionally, a recent survey created for the innovation stakeholder process supported the idea that a culturally affirming space will encourage participation.. Please see annotated Appendix 2 for a summary of survey results including themes from 4 focus groups conducted. There was a subset of questions specified for only youth about the likelihood of participating in the café program. 91 respondents were youth between the ages of 13-24. Youth indicated they would “very likely” engage in the following areas of the program: 29 in leadership skills development; 32 in on the job training; 26 in entrepreneurship.

Based on 2018-19 enrollment figures, 3,553 students from the local high school districts identify as Filipino. At Skyline College, 5,782 of students identify as Asian (with no ethnic subgroup breakdown). Every year, 75-100 Filipino students participate in Skyline College’s Kababayan Learning Community, which is a program that focuses on activities related to the Filipino/a/x, Filipino/a/x American experience and assists students in transferring to a four-year university.

The following represents expected annual reach through outreach, unique visitors at the café, and actual engagement in the programming. Demographics and referral data, as well as outcomes, will be captured to ensure the program is serving its target audience effectively. We expect the following annual reach:

- 4000 outreach encounters through direct promotion at the schools
- 2,000 unique visitors at the café
- 300 youth referred to services; 150 receive behavioral health services
- 90 participate in mental health related programming at the café
- 40 youth participate in the full programming at the café (cohort participants)
 - 90% participants develop cultural pride and sense of belonging (includes cohort participants and unique visitors)
- 10-12 - youth hired from target cities, including Daly City
 - 90% youth develop leadership and critical skills: problem solving, teamwork, critical thinking, creativity, etc.
 - 90% youth develop leadership and other skills: advocacy, financial literacy, etc.

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 social enterprise café will reach out to transitional age youth (16-24) within northern San Mateo County cities of Daly City and South San Francisco that have a high concentration of Filipino youth.

Demographic Indicator ¹⁴	Daly City	South San	San Mateo
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¹⁴ U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates



		Francisco	County
Total Population	105,543	66,587	754,748
Limited English-Speaking Households	16%	14%	9%
Race Ethnicity			
• Asian	56%	38%	27%
• Black	3%	2%	2%
• Latino	24%	34%	25%
• Pacific Islander	1%	2%	1%
• White	13%	20%	40%
Youth Need Index¹⁵	48	57	24
Percent of Residents Living below 200% of the Federal Poverty Level	22%	22%	20%

More specifically, high school districts and colleges in these areas will be targeted. This includes the Jefferson Union High School District (29.7% Filipino) in Daly City, South San Francisco Unified School District (24.2% Filipino) and Skyline College and other secondary institutions. Additional indicators are included below for each of the high school districts to help paint the picture of the youth population to be served.¹⁶

School District	Free or Reduced-Meal Eligibility	Foreign-Born Parents	Student Suspension (per 100 students)	Depression-Related Feelings (11th grade)	Alcohol/Drug Use Past Month (11th grade)	Suicidal Ideation (11th)
Jefferson Union	36.1%	62.0%	7.5	34.5%	34.8%	18.9%
South San Francisco Unified	38.6%	65.8%	4.9	37.6%	33.5%	24.2%
San Mateo County (for comparison)	33.7%	57.3%	3.0	29.5%	36.9%	16.3%

RESEARCH ON INN COMPONENT

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

The key things that distinguish the proposed project from other programs include:

- Culturally responsive approach to Filipino/a/x youth. As noted earlier, through the CRDP review of promising practices there was no program explicitly targeting the Filipino/a/x community, this proposed approach is completely rooted in Filipino/a/x cultural values and has cultural identification as a core component of developing protective factors for

¹⁵ San Mateo County Health System, Office of Epidemiology and Evaluation, 2017. The Youth Need Index reflects a combination of factors that impact youth success where higher scores (out of 100 total) indicate higher need. Data include Juvenile Probation and Behavioral Health hot spots, child maltreatment, low birthweight, student reading proficiency, suspensions and poverty.

¹⁶ Lucile Packard Foundation for Children’s Health, kidsdata.org



youth.

- A holistic approach to the youth development programming. Other similar projects typically focus one or two “branches” as presented in the CommuniTREE framework above. The cafe will provide a holistic approach including school-to-career wellness and mental health linkages, cultural identity formation, leadership development through art and financial wellness. This is based on significant community input and vetting on what would support Filipino/a/x youth and their behavioral health outcomes.
- For the social enterprise model, there is no other social enterprise targeting community mental health most are focused on vocational training goals and strategies. The cafe social enterprise will not only impact the youth employed but will provide integrated on-site programming for Filipino/a/x youth in the community.

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.

Field and market research were conducted on comparable existing models in our local community and across counties and there are no programs designed specifically to support this population through a social enterprise model. The closest effective model we found was a social enterprise, Old Skool Café, in San Francisco, which is mostly focused on vocational training and not tying in strategies to help cultivate healthy cultural identity formation and its impact on mental health & wellness. Additionally, interviews with leaders in youth focused programming in Northern San Mateo County, such as, executive staff at Daly City Youth Health Center, CIPHER at Skyline College, and Skyline Kababayan Learning Community took place to better understand the gaps in service for this particular population.

In terms of the business aspect of the social enterprise, we met with local business leaders and entrepreneurs (including, but not limited to, Antigua Cafe (South San Francisco), Poke Time (Daly City/San Francisco)/Tuna Kahuna (Burlingame), & Frozen Kuhsterd (San Francisco Bay Area)) to advise on start-up costs and general business consultation.



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Market Research

Youth Development and Cultural Centers:

- North San Mateo County: JobTrain & Boys & Girls Clubhouses (Pacifica & South SF) <https://theclubs.org/>
- Pilipino Bayanihan Resource Center
<https://www.pilipinobayanihanresourcecenter.com/>
- Liwanag Kultural Center-
<https://www.facebook.com/pages/category/Youth-Organization/Liwanag-Kultural-Center-172790176129055/>
- SMC PRIDE Center (San Mateo) <https://sanmateopride.org/>
- California Clubhouse (San Carlos) <https://californiaclubhouse.org/>
- Jewish Community Center (multiple locations- ie. SF)
<http://bayareaajccs.org/>
- Mission Cultural Center (SF) <http://missionculturalcenter.org/>
- Indian Community Center (Milpitas) <http://www.indiacc.org/>
- Delancey Street Foundation (SF)
<http://www.delanceystreetfoundation.org/>
- Bayanihan Community Center (SF) <https://www.bayanihanc.org/>
- "Elements for Success 2.0" (Daly City)
<http://dalycityyouth.org/elements.html>
- CIPHER <https://skylinecollege.edu/cipher/>
- Skyline Kababayan Learning Community
<https://www.skylinecollege.edu/kababayan/>

Youth Focused Social Enterprise Models

- Old Skool Cafe(San Francisco) <https://www.oldschoolcafe.org/>
- Mamacitas Cafe (Oakland) <https://www.mamacitascafe.com/>
- La Cocina (San Francisco) <https://lacocinasf.org/>
- Youth Uprising (Oakland), <https://www.youthuprising.org/>
- Crossroads Cafe/Enterprise of Delancey Street Foundation (San Francisco), <http://www.delanceystreetfoundation.org/entercafe.php>
- Brotherhood/Sister Sol: <https://brotherhood-sistersol.org/impact/outcomes>
- After School Matters(Chicago) <https://www.afterschoolmatters.org/>
- Homeboy Industries/HomeGirl Cafe (LA)
<https://www.homeboyindustries.org/what-we-do/homegirl-cafe>

Cafe//Wellness Center Models

- Kafe (Oregon) <https://drinkkafe.com/>
- Por Vida (San Diego) <https://www.porvidacollective.com/>
- The Cultural Wellness Center- Philosophy (Minneapolis)
<http://www.culturalwellnesscenter.org/about-us/our-philosophy/>



Gaps in the literature and practice	Proposed intervention
No promising practices for addressing mental health challenges and cultural identity formation amongst Filipino/a/x youth.	The proposed project is a culturally responsive approach to Filipino/a/x youth. The approach is completely rooted in Filipino/a/x cultural values and has cultural identification as a core component of developing protective factors for youth.
No disaggregated data for Filipino youth behavioral health.	The proposed project will measure youth assets and mental health indicators of all youth engaged. While this does not give us community wide data, it will provide a snapshot of how Filipino youth are faring in San Mateo County.
For the social enterprise model, there is no other social enterprise targeting community mental health.	The cafe social enterprise will not only impact the youth employed but will provide integrated on-site programming for Filipino/a/x youth in the community including a holistic approach to the youth development programming. This is based on significant community input and vetting on what would support Filipino/a/x youth and their behavioral health outcomes.

LEARNING GOALS/PROJECT AIMS

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

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



Learning Goal #1

Does an integrated approach to a social enterprise that includes on-site programming improve mental health and outcomes for the Filipino/a/x youth engaged?

Learning Goal #2

Does a culturally affirming space increase access to behavioral health and services for Filipino/a/x youth?

Learning Goal #3

Can a social enterprise model financially sustain an integrated approach that includes behavioral health and youth development programming?

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

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

- Culturally responsive approach to Filipino/a/x youth with cultural identification and cultural values at the core. (*Learning Goal #2*)
- A holistic approach to the youth development programming. (*Learning Goal #1*)
- Social enterprise model targeting community mental health with an integrated approach to engage the broader Filipino/a/x youth community. (*Learning Goal #1*)

An additional Learning Goal #3 related to sustainability of the integrated model of services within a social enterprise is included. The learning goals are directly connected to the needs, strategies (including the approaches that are new in the proposed project) and outputs as depicted in Appendix 1. Theory of Change.

EVALUATION OR LEARNING PLAN

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

An independent evaluation consultant will be contracted and monitored by the MHSA Manager in collaboration with the BHRS program monitor to formally evaluate the



innovation project. The following depicts a rough evaluation plan given that the consultant will be hired after the project is approved.

Learning Goal #1

Does an integrated approach to a social enterprise that includes on-site programming improve mental health outcomes for the Filipino/a/x youth engaged?

The outputs for Learning Goal #1 could include:

- Number of youths that participate in each programming at the café
- Percent of youth that develop leadership and other skills (advocacy, financial literacy, community building, etc.)
- Percent of participants develop cultural pride and sense of belonging

Additionally, occasional interviews or planned focus groups with youth that engage with the café can help us determine the level of satisfaction and narrative for the impact this project may be having on youth development. Demographics of youth that engage will be collected and at this point the Search Institute's Developmental Assets Profile (DAP) pre- and post- to assess protective factors, internal strengths and external supports across several contexts of their lives: personal, peers, family, school, and community. The DAP is used with all other adolescent youth prevention programs that receive MHSA funding.

Learning Goal #2

Does a culturally affirming space increase access to behavioral health and services for Filipino/a/x youth?

The outputs for Learning Goal #2 could include:

- Percent of participants that develop cultural pride and sense of belonging
- Number referred to behavioral health and social services
- Number that receive behavioral health services
- Number that participate in mental health programming as part of the cafe and centralized gathering space.
- Percent improved mental health (suicide ideation, anxiety, depression)

Additionally, the same occasional interviews or planned focus groups with youth that engage with the cafe and centralized gathering space (mentioned above) can include questions about cultural identification and the level of impact the café has had on the youth's cultural identification.



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Learning Goal #3

Can a social enterprise model financially sustain an integrated approach that includes behavioral health and youth development programming?

The outputs for Learning Goal #3 could include:

- Percent of operational cafe budget sustained by the profits of the café and possible revenue generating workshops/classes offered to community
- Percent sustainable overall, including behavioral health programming

An evaluation consultant with experience evaluating non-profits fiscal sustainability will be prioritized.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

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

COMMUNITY PROGRAM PLANNING

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

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. Appendix 3 describes the Three-Year Plan CPP process for San Mateo County.



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& RECOVERY SERVICES**

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

- Flyers are sent to/placed at County facilities, as well as other venues like family resource centers and community-based organizations;
- Announcements at numerous internal and external community meetings;
- Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
- E-mails disseminating information to over 1,500 community members and partners;
- Word of mouth on the part of committed staff and active stakeholders,
- Postings on a dedicated MHSAs webpage smchealth.org/bhrs/mhsa, the BHRs Wellness Matters bi-monthly e-journal and the BHRs Blog www.smcbhrrsblog.org
- MHSAs Innovation brainstorming sessions held with groups that requested it (Lived Experience Workgroup, MHSARC Older Adult Committee).

The MHSAs Innovation Idea Form requested narrative on the proposed idea/project and information to ensure the idea meets the requirements for Innovation funding.

Additionally, in San Mateo County we had the requirement that the idea address the MHSAs Three-Year Plan prioritized needs:

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

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

On October 2, 2019, the MHSAs Steering Committee met to review the 5 project ideas and provide comment and considerations for the projects. The MHSARC voted to open the 30-day public comment period, all comments will be included in Appendix 3. [This section to be updated following the 30-day public comment process].



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.

Community Collaboration

The planning of the cafe and centralized gathering space involved stakeholders representing various sectors of the community including youth^[1]. Initially, the idea was brought forward by the Filipino Mental Health Initiative (FMHI) collaborative. To ensure the process was community informed, a needs assessment was conducted to gather input that would develop the programming. A survey was distributed broadly, and four focus groups were facilitated that targeted specific age groups: youth, adults, and elders. Additionally, individual interviews and meetings were held with gatekeepers and key leaders of the Filipino/a/x community, which include, but are not limited to, executives of non-profit organizations and City and County elected officials. The collaboration with FMHI will continue through implementation of an advisory group.

Cultural Competency

The entire project is rooted in cultural values of Kapwa (“togetherness”) & Ginhawa (“total wellness”) and the understanding that cultural identification is a key protective factor for youth. Programming will leverage art and culture as described above.

Client/Family-Driven

As mentioned above, FMHI will continue to play a role in the implementation of this project. Clients and family members will be engaged in an advisory capacity through FMHI or as independent member of an advisory board. The evaluation contractor will gather input on the evaluation questions and strategies, develop quarterly progress reports to share preliminary findings and gather input from the advisory group.

Wellness, Recovery, and Resilience-Focused

Supporting wellness, recovery and resilience is accomplished through relationships and social networks, flexibility, respect and responsiveness, and taking a holistic approach that considers overall health, stable housing, independence, etc. These principles are key to the strategies of the proposed project including the programming that will be offered to Filipino youth in the community.

Integrated Service Experience for Clients and Families

A request for proposal process will select the service provider that will own the contract for these services. Pre-launch planning and ongoing collaboration will be critical to offering an integrated service experience for recipients. Cafe/center staff/mentors will need to be well-informed on the full range of services at BHRS and the community and build relationships with gatekeepers to ensure a coordinated referral and warm hand-off process.



CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

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

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

With a social enterprise, we are establishing a stronger funding source that generates revenue that is allocated towards the centralized gathering space and café sustainability and the programming. In addition, existing programs that specialize in these areas will be leveraged and serve as a platform and space for strengthening and building community partnerships across both the non-profit and business sectors.

The advisory group will be engaged in any needed adjustments of the project. In addition, the MHSA Steering Committee will be a venue for vetting next steps with diverse stakeholders. If the evaluation indicates that the proposed project is an effective means of increasing access to behavioral health services for youth there may be availability of Prevention and Early Intervention (PEI) funding, a proposal of continuation would be brought to the MHSA Steering Committee and the Mental Health and Substance Abuse Recovery Commission for approval and to a 30-day public comment process to secure ongoing PEI funding. Contractors will be asked to develop a sustainability plan as part of their project proposal.



SAN MATEO COUNTY HEALTH

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COMMUNICATION AND DISSEMINATION PLAN

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

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

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 1,500 subscribers.

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

Opportunities to present at statewide conferences will also be sought.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

- Social enterprise and mental health
- Social enterprise and Social Determinants of Health
- Filipino adolescent youth mental health and prevention
- Cultural Identity and mental health
- Cultural, arts-based holistic programming for Filipino youth prevention



TIMELINE

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

February 1, 2020 – December 31, 2023

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

5 years + final evaluation;

- 5 months of BHRS administrative project start-up through June 30, 2020
- 4 years of project implementation through June 30, 2024
- Final evaluation report due December 31, 2023

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

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

February 1, 2020 – June 30, 2020

- BHRS Administrative startup activities –RFP and contract negotiations
- Finalize business plan

July 1, 2020 – September 30, 2020

- Project startup activities – hire Program Director, identify location, purchase inventory/materials for the café, furniture/equipment, licensing, permits
- Establish TRIBE advisory group, hire administrative staff, set up application/recruitment/ training plan for youth staff, identify partners to contract with for workshops & classes offered to youth and community
- Set up infrastructure for implementation/ evaluation and referral system and resources
- Evaluator to meet with contractor, Filipino Mental Health Initiative advisory group and BHRS staff to discuss evaluation plan and tools

October 1, 2020 – December 31, 2020

- Onboarding of staff – training, relationship building, networking
- Determine culturally appropriate engagement methods
- Begin recruitment of youth employees and planning of soft launch
- Determine schedule of programming, marketing materials, referral resources and tools
- Evaluation plan finalized including data collection and input tools

January 1, 2021 – June 30, 2021

- Soft launch
- Begin outreach and marketing
- Data tracking and collection begins
- First evaluation quarterly report January 1, 2021 – March 31, 2021



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presented to advisory group for input, adjustments to strategies, tools and resources, based on operational learnings to-date and quantitative data available.

July 1, 2021 – December 31, 2021

- Qualitative data collection begins (interviews, focus groups, etc.)
- Sustainability planning begins
- Begin planning for mentorship opportunities with local entrepreneurs and Mano Po Program
- Continue outreach, programming, referrals and warm hand-offs
- Continue evaluation quarterly reports to request input and determine adjustments, as needed

January 1, 2022 – June 30, 2022

- Continue sustainability planning
- Launch the mentorship and Mano Po Program
- Continue outreach, programming, referrals and warm hand-offs
- Continue evaluation activities and quarterly reports to request input and determine adjustments, as needed

July 1, 2022 – December 31, 2022

- Initial sustainability plan presented, begin exploring options for sustainability expansion (incubator space)
- Engage MHSAC Steering Committee and MHSARC on issue of continuation of the project with non-INN funds
- Continue outreach, programming, referrals and warm hand-offs
- Continue evaluation activities and quarterly reports to request input and determine adjustments, as needed

January 1, 2023 – June 30, 2023

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

July 1, 2023 – December 31, 2023

- Sustainability plan finalized

January 2023 – June 30, 2024

- Complete evaluation analysis and report
- Disseminate final findings and evaluation report



Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

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

The total Innovation funding request for 5 years is \$2,625,000, which will be allocated out as follows:

Service Contract: \$2,100,000	Evaluation (10%): \$210,000	Indirect (15%): \$315,000
<ul style="list-style-type: none"> ● \$700,000 for FY 20/21 ● \$700,000 for FY 21/22 ● \$400,000 for FY 22/23 ● \$300,000 for FY 23/24 	<ul style="list-style-type: none"> ● \$80,000 for FY 20/21 ● \$40,000 for FY 21/22 ● \$40,000 for FY 22/23 ● \$60,000 For FY 23/24 	<ul style="list-style-type: none"> ● \$50,000 for FY 19/20 ● \$70,000 for FY 20/21 ● \$70,000 for FY 21/22 ● \$70,000 for FY 22/23 ● \$70,000 for FY 23/24



Direct Costs will total \$2,100,000 over a five-year term and includes all contractor expenses related to delivering the services (salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total \$525,000

- \$210,000 for the evaluation contract with the final report will be due by December 31, 2024. The evaluation contract includes developing a plan, supporting data collection, data analysis and submitting annual reports to the MHSOAC.
- \$315,000 for for BHRS county business, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

Federal Financial Participation (FFP) there is no anticipated FFP.

Other Funding N/A

*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 BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES

PERSONNEL COSTS (salaries, wages, benefits)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
OPERATING COSTS		FY xx/xx	FY xx/xx	FY xx/xx	FY xx/xx	FY xx/xx	TOTAL
5.	Direct Costs						
6.	Indirect Costs	\$35,000	\$70,000	\$70,000	\$70,000	\$70,000	\$315,000
7.	Total Operating Costs	\$35,000	\$70,000	\$70,000	\$70,000	\$70,000	\$315,000
NON-RECURRING COSTS (equipment, technology)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
8.							
9.							
10.	Total Non-recurring costs						
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
11.	Direct Costs		\$700,000	\$700,000	\$400,000	\$300,000	\$2,100,000
12.	Indirect Costs		\$80,000	\$40,000	\$40,000	\$50,000	\$210,000
13.	Total Consultant Costs		\$780,000	\$740,000	\$440,000	\$350,000	2,310,000
OTHER EXPENDITURES (please explain in budget narrative)		FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
14.							
15.							
16.	Total Other Expenditures						
BUDGET TOTALS							
Personnel (line 1)							
Direct Costs (add lines 2, 5 and 11 from above)			\$700,000	\$700,000	\$400,000	\$300,000	\$2,100,000
Indirect Costs (add lines 3, 6 and 12 from above)		\$35,000	\$150,000	\$110,000	\$110,000	\$120,000	\$525,000
Non-recurring costs (line 10)							
Other Expenditures (line 16)							
TOTAL INNOVATION BUDGET		\$35,000	\$850,000	\$810,000	\$510,000	\$420,000	\$2,625,000

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 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
		1.	Innovative MHSAs Funds	\$35,000	\$770,000	\$770,000	\$470,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	\$35,000	\$770,000	\$770,000	\$470,000	\$370,000	\$2,415,000

EVALUATION:

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
		1.	Innovative MHSAs Funds		\$80,000	\$40,000	\$40,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation		\$80,000	\$40,000	\$40,000	\$50,000	\$210,000

TOTAL:

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 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
		1.	Innovative MHSAs Funds	\$35,000	\$850,000	\$810,000	\$510,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures	\$35,000	\$850,000	\$810,000	\$510,000	\$420,000	\$2,625,000

*If "Other funding" is included, please explain.

Appendix 1. Theory of Change

Theory of Change

Primary Problem: High rates of depression and suicidal ideation attributed to cultural identity formation amongst Filipino/a/x youth

Key Considerations (from the literature)

Social Determinants of Health (SDOH)

Disparities in health exist for Filipino youth and lead to negative outcomes in MH. Upstream strategies that intervene at the root causes of disparities are needed.

Behavioral Health

Disparities in behavioral health outcomes exist for Filipino youth.

Cultural Identity

Cultural identification is critical for the mental health of Filipino youth as they explore the opposing values of two cultures.

Promising Practices

There is a need for promising sustainable practices that address the mental health needs of Filipino youth.

Interventions

KulturArts Kafe – Social Enterprise

At risk Daly City youth will be employed and trained to run all aspects of the café, developing leadership and other critical life skills in the process.

Youth Development & Behavioral Health Services

Incorporating holistic, cultural and arts-based integrative programming on-site at the social enterprise will create a culturally affirming space for youth in the community to have discussion about cultural identification, develop skills and access behavioral health services.

Business Model for Sustainability

The social enterprise business model will include profit generation to support the financial sustainability of the integrated model.

Outcomes

Employment

10 Daly City youth hired
90% youth develop leadership and critical skills – problem solving, teamwork, critical thinking, creativity, etc.

Youth Capacity Building

40 youth that participate in each programming at the café (cohort participants)
90% youth develop leadership and other skills (advocacy, financial literacy, etc.)
90% participants develop cultural pride and sense of belonging.

Linkages

300 referred to services
150 receive services
90 participate in mental health programming.

Sustainability

50% of budget sustained by the enterprise.

Learning Objectives

Learning Goal #1

Does an integrated approach to a social enterprise that includes on-site programming improve mental health outcomes for the Filipino/a/x youth engaged?

Learning Goal #2

Does a culturally affirming space increase access to behavioral health and services for Filipino/a/x youth?

Learning Goal #3

Can a social enterprise model financially sustain an integrated approach that includes behavioral health and youth development programming?

MHSA INN Primary Purpose

Increased access to behavioral health services

Appendix 2. Needs Assessment

Filipino Cultural Arts and Wellness Social Enterprise Need Assessment

A needs assessment was conducted to inform the development of the programming for the Cultural Arts and Wellness Social Enterprise Café for Filipino/a/x Youth. The programming is intended to be a holistic approach to improving youth health outcomes incorporating cultural identity formation, mental health and youth development (leadership, job skills). The needs assessment involved an online survey and focus groups.

Survey Highlights

- **281 Respondents** (68.3% Completion Rate); 45% Self-identified as Filipinx
- **Top 3 Respondent by Age Group:**
 - 20% 13-18 years old
 - 23% 19-24 years old
 - é53% 25-64 years old

Filipinx Culture	Mental Health	Leadership and Job Skills
<input type="checkbox"/> 47 % consider Filipinx culture as “very important”	<input type="checkbox"/> 12% selected mental health as a top community need	<input type="checkbox"/> Respondents would “very likely” participate if the cafe includes:
<input type="checkbox"/> 34% are likely to participate in expressive arts to explore Filipinx cultural identity/history	<input type="checkbox"/> 83% consider mental health as “very important”	<ul style="list-style-type: none">•On the job training - 69%•Leadership skills - 35%•Entrepreneurship - 31%
<input type="checkbox"/> Respondents would like to learn about: <ul style="list-style-type: none">•History - 16%•Food - 16%• Language - 14%• Indigenous healing - 12%	<input type="checkbox"/> Respondents would likely utilize: <ul style="list-style-type: none">•Cultural practices to improve mental health - 69%•Mental health referrals - 67%•Mental health services provided by culturally informed professionals - 42%	<input type="checkbox"/> Type of assistance that respondents considered helpful <ul style="list-style-type: none">•Stress management - 15%•Job/internship resources - 14%•Academic support/counseling - 14%•Money management - 13%

Focus Group Themes

40 Total Participants (Youth Ages 12-24; Adults 25-55; Older Adults 56+)

Participants identified the following as important:

1. Promoting intergenerational connections through activities
2. Mental health education/workshops
3. Creating a safe space to have conversations around mental health
4. Cultural preservation (passing down traditions, food, and practices)
5. Culturally informed/responsive providers (aware of mental health risk factors, Filipino/a/x history)
6. Culturally focused services and environment (Idea that this increases familiarity, connectedness, and sense of belonging. Participants want space to reflect community, as well.)
7. Physical fitness classes (Zumba, yoga, Filipinx martial arts, etc.)
8. Recognize the importance of “kapwa” (togetherness) and collectivist values that include family unity (but also recognize this as a barrier to seeking mental health help)
9. Ease of access (adequate parking and close to public transit lines)

**Appendix 3. Community Planning Process
for MHSa Three-Year Plan**

San Mateo County Mental Health Services Act

Three-Year Plan FY 2017-2020

Community Program planning (CPP) process

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



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

STAKEHOLDERS INVOLVED

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

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

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

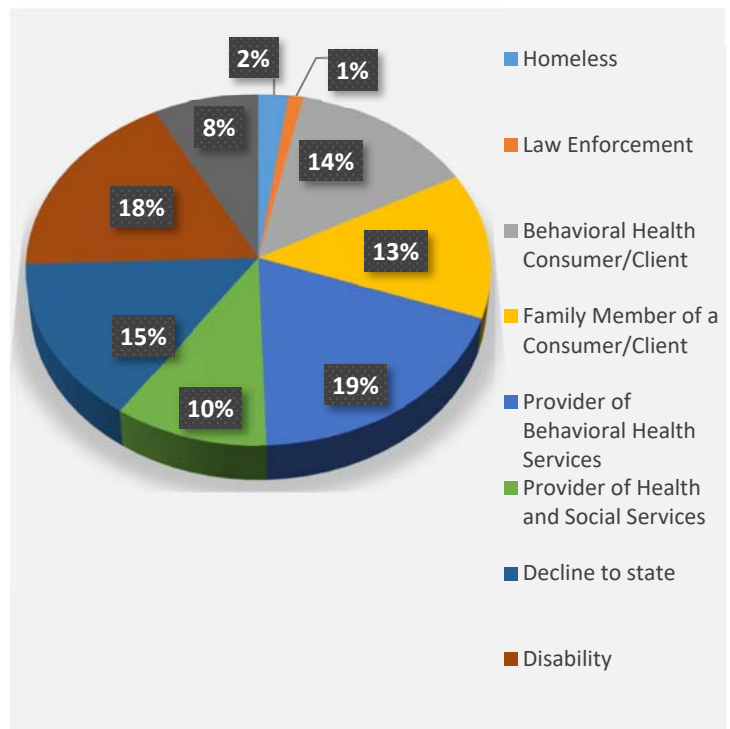
Additionally, a Pre-Launch session was held with clients/consumers hosted by the Peer Recovery Collaborative, a collaborative of peer-run agencies including California Clubhouse, Heart and Soul and Voice of Recovery. At this session information was presented and shared to help prepare clients/consumers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

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

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

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

Represented Groups



Input Sessions

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

PHASE 1. NEEDS ANALYSIS

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

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

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

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

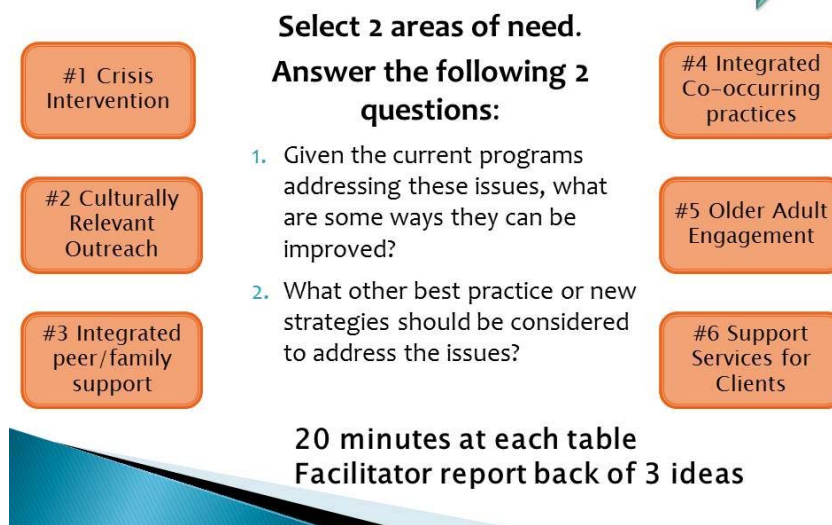
All comments received up to the date of the CPP Launch Session on March 13th were grouped into themes and presented at the CPP Launch. Additional input was sought regarding both the needs/service gaps and whether there were any voices (or communities) missing from the Needs Analysis phase. See Appendix 3, Needs Analysis Summary of Input, for the complete list of themes and comments received. The CPP Launch Session was a joint MHSARC and MHSAs Steering Committee meeting and included a facilitated community input. Agenda items included 1) an MHSAs Housing proposal for use of unencumbered housing funds 2) public comment from clients, families and community members on priority needs and gaps in mental health services, and 3) breakout groups to begin developing strategies to address the key needs/service gaps identified. About 120 clients, families, community members and stakeholders attended the CPP Launch Session. See Appendix 4 for all CPP Launch Session materials, handouts, minutes and attendance.

PHASE 2. STRATEGY DEVELOPMENT

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

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

Phase 2. Strategy Development



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

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

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

PHASE 3. PLAN DEVELOPMENT

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

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

Appendix 4. Public Comments

[To be updated following the 30-day public comment process]