SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

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: December 7, 2022
☑ Completed 30 day public comment period	Comment Period: November 2, 2022 – December 7, 2022
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: TBD – tentatively February 28, 2023 *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: February 23, 2023 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***	

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: December 21, 2022
Project Title: Mobile Behavioral Health Services for Farmworkers
Total amount requested: $1,815,000 ($1.455M services, $215K BHRS admin, $145K eval)
Duration of project: 4 years (3 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

GENERAL REQUIREMENT:

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

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

PRIMARY PURPOSE:

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

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

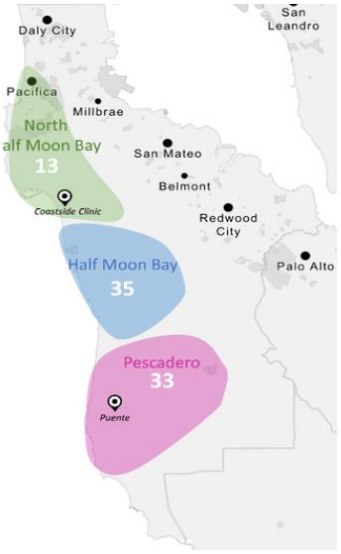
Section 2: Project Overview

PRIMARY PROBLEM

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

Due to socio-economic and nationality disenfranchisement, farmworkers represent one of the most vulnerable and hardest-to-reach demographics in San Mateo County. In addition to regularly being victims of various forms of trauma, they are also subjected to high rates of isolation, inadequate housing, and lack of access to resources, which lead to behavioral health challenges like loneliness, depression, anxiety, and alcohol/substance misuse.

Figure 1: Map of agricultural areas in SMC and number of growers (2019 needs assessment)



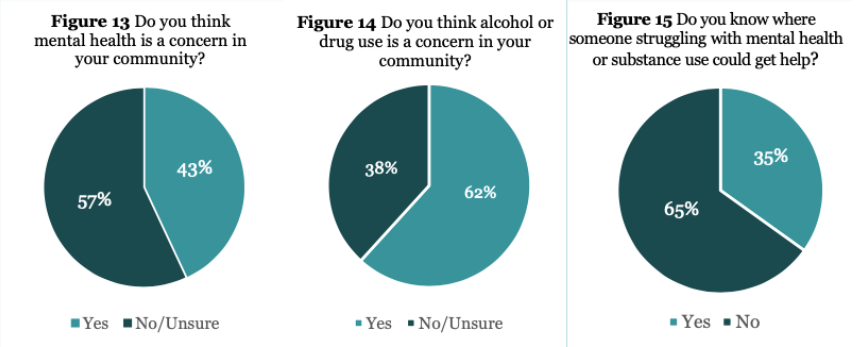
The San Mateo County Health Care for the Homeless and Farmworker Health (HCH/FH) Program 2019 Needs Assessment found that in 2018, there were about 1,300-1,600 farmworkers and an additional 1,700-2,000 children and family members of farmworkers on the San Mateo County coast on about 80 farms (see Figure 1).[1] The needs assessment estimated that about 30-50% of this population was seen at San Mateo Medical Center (SMMC) or a contracted provider. However, most of those seen at SMMC clinics were children or young adults, yet the average farmworker in San Mateo County is between ages 43-45, which indicates a need to better connect adults to care. The 2019 Needs Assessment Survey found the majority of farmworkers in the county (55%; n=85) rated their health as "average" or "bad."[2]

While county-level data was not available on the number of farmworkers/families receiving behavioral health services through BHRS, it is clear there are behavioral health needs in the farmworker community. Given that most farmworkers/families are immigrants, and an estimated 50% are undocumented, many experience unmet behavioral health needs as a result of past and ongoing traumas. These include: racial trauma, immigration and migration trauma, climate change anxiety, housing instability and safety, pandemic anxiety, healthcare access instability, and economic instability, including the lack of worker protections by employers. As undocumented and mixed-status families they are constantly at risk for exploitation and sometimes fail to receive proper pay breaks and other resources. Their status also prevents them from seeking help when there is sexual violence against both men and women in their communities. Providers and experts working with the farmworker population have termed the experience of immigration as one of "perpetual mourning." The resulting loss, grief, isolation, discrimination, and uncertainty can negatively impact mental and behavioral health.[3] A qualitative testimonial survey conducted with 13 farmworkers in coastal San Mateo County revealed that all participants reported incidences of mental health symptoms including stress and anxiety and

[1] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment. https://www.smchealth.org/sites/main/files/file-attachments/2019_hchfh_needs_assessment.pdf?1605730983
[2] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.
[3] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.

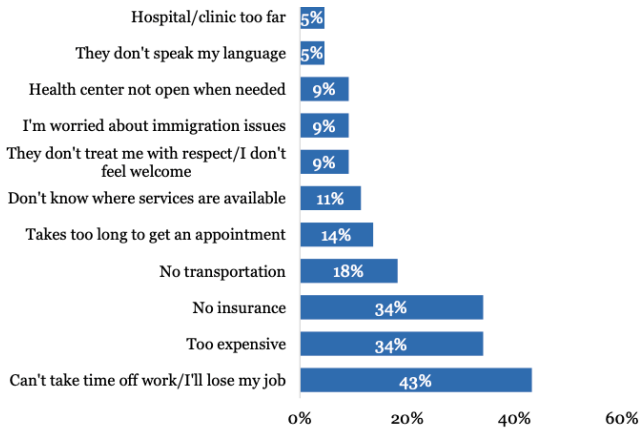
discussed concerns over safety in the workplace and discrimination. In the study, participants reported that they are forced into silence due to fear of losing their employment, and that stress and anxiety also have manifestations in health problems such as high blood pressure and risk of stroke, which impacts farmworkers' physical wellness and ability to work.[4] As shown in Figure 2, the 2019 needs assessment indicated that farmworkers/families consider mental health and alcohol/drug use as a problem in their community and there is a lack of knowledge of where to go for services.

Figure 2: Results from 2019 needs assessment about behavioral health concerns and access



Farmworkers also experience numerous barriers to accessing care (see Figure 3), among them:

Figure 3: Reasons farmworkers had trouble accessing health care in the last 12 months (n=44, from 2019 needs assessment)



- ✓ **Fixed work schedule**. Farmworkers' schedules are dictated by their work hours in the field. During the week, they are largely limited to being on the farm. They do not have paid sick leave and risk losing their jobs if they request time off work.
- ✓ **Physical exhaustion**. After working long days in physically taxing conditions, farmworkers are depleted and cannot travel to receive services, even if services are offered on evenings or weekends.
- ✓ **Lack of transportation**. Many farmworkers do not have access to transportation from farms to behavioral health providers.
- ✓ **Lack of health insurance**. Among farmworker/families seen at SMMC or contracted providers in 2018, most children had Medi-Cal (92%), most adults did not (36%), and many adults did not have insurance (39%).[5]
- ✓ **Fear related to immigration**. Over half of California's immigrant farmworker population is undocumented. Similarly, in San Mateo County, 51% of farmworkers in a recent study reported being undocumented. As such, farmworkers in San Mateo County are impacted by local, state,

[4] Source: Ayudando Latinos a Soñar
[5] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.

and federal immigration policies. The 2019 needs assessment observed that the "chilling effect" of the previous administration's immigration policies and climate, including the public charge rule, resulted in fewer farmworkers and their families accessing medical care and other social benefits.[6]

- ✓ **Lack of awareness of services or knowledge of how to navigate the system**. 65% of respondents to the 2019 needs assessment survey reported that they would not know where to receive support for behavioral health concerns.

In sum, San Mateo County's remote, rural farmworker/family population has one of the highest need and lowest access to services in the county, and there is a need to better serve this population outside of traditional brick-and-mortar behavioral health services.

PROPOSED PROJECT

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

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

The proposed project will provide direct behavioral health services and wraparound resources in Spanish to farmworkers and their families and children through a mobile venue (e.g., mobile health bus) that integrates cultural arts practices as a pathway for engaging farmworkers and their families with formal clinical behavioral health services spanning prevention, early intervention, treatment, and recovery. The mobile services will be equipped to provide medical care, including prenatal care. Cultural, financial, and regional accessibility will support the farmworker community to engage in behavioral health support services, fostering healthier families and communities.

Services provided

The project will serve 23 farms on the North Coast using the following behavioral health approaches and services.

- **Behavioral health outreach and education in farmworker communities**. A farmworker outreach team will visit farms Monday through Friday at times of day that are accessible for farmworkers, such as early in the morning, during lunch, and in the evening. They will offer food and conduct assessments and case management to identify families that have concerns. From there, the outreach team will be able to set up appointments, so that when the mobile service comes to the farms, the connection and linkage will have been made. The outreach team will also be able to make linkages to County behavioral health services as needed. Finally, the outreach team will also conduct educational classes and workshops around health- and safety-related topics.
- **Cultural arts and community connection.** For centuries, cultures throughout the world have used art, music, and storytelling to express and process grief. The project will bring these approaches together with behavioral science on grief and trauma to build community and resilience. The project will

[6] County of San Mateo Health Care for The Homeless & Farmworker Health Program. 2020 Annual Report. https://www.smchealth.org/sites/main/files/file-attachments/2020_hchfh_annual_report.pdf?1623433228

engage farmworkers/families in "cultural sensory" activities that are visually and/or auditorily engaging, such as creating altars, songs, stories, and murals centered around significant cultural holidays and celebrations. Through cultural arts, the project will build community among farmworkers and promote community engagement, particularly through opportunities for farmworkers to tell their stories in the broader community. Most farmworkers have never been asked to tell their story. They have not had a voice. Building leadership and visibility supports mental health by helping people understand that they matter, and their stories have value. Example activities include:

  - In the fall, each farm would create an altar for Día de los Muertos. Through the process, staff facilitate discussions about loss and grief, and culminate in a celebration to lift memories.
  - At Christmastime, staff would use the story of Jesus, Mary, and Joseph to spark discussions about farmworkers' migration journeys and finding home in a new place.
  - Staff would support farmworker communities to create "cantos"—songs they might sing while working in the field.
  - Staff would partner with muralists to collaboratively create a mural that tells farmworkers' stories.

- **Assessment and early intervention**. Clinical staff on the mobile service will conduct assessments with farmworkers, their families, and their children who might be at risk of developing behavioral health challenges. For children, this will also include the Ages and Stages Questionnaire (ASQ) developmental screener.
- **In-person and tele-behavioral health treatment.** Trained clinical staff who are Latinx and Spanish-speaking will offer in-person and tele-behavioral health services for children, youth, and adults of all ages, including individual and group counseling. The current proposer has an existing mobile bus with ongoing maintenance and repairs funded by outside sources. The bus will be fully equipped with a soundproof room for tele-behavioral health. In-person services will also be offered, depending on client preference. Clinical services will include individual sessions that are culturally centered using a cognitive and solution focused approach working with individuals, families, and children of farmworkers. The general practice will be 12 sessions as a baseline for each client, but the number and length of session will account for each case. In addition, the bus has a small group space that could include opportunity for group support.
- **Recovery support for people who are recovering from behavioral health challenges**. The project will work closely with community partners that provide substance use services to support recovery, specifically around addiction. The project will also establish partnerships with local mental health organizations such as the National Alliance on Mental Illness (NAMI), Latino Collaborative, and BHRS to support mental health treatment and recovery.
- **Linkage to community resources.** The mobile team will collaborate with community partners such as the library, adult education, College of San Mateo system, University of San Francisco, Stanford University, and the Mexican Consulate to lift up farmworkers who seek to enhance their education; supporting farmworkers/families in taking steps toward personal growth and educational empowerment can also serve as a protective factor.

Access to services

The table below describes how the project will address the many barriers to access that farmworkers experience.

Barrier	Solution
Fixed work schedule	✓ The farmworker outreach team will visit farms throughout the day and the mobile service will be onsite with services offered from

	3:00-8:00pm every day. During these hours, the mobile service will be able to serve children and families who are not working in the fields, as well as farmworkers in the fields after work hours. The mobile service will offer healthy snacks and drinks for participants and will bring fresh vegetables and fruit.
Physical exhaustion	✓ Onsite services will reduce the energy needed to travel to services. ✓ Children may be able to participate in services without their parents present if parents do not have the physical energy to participate.
Geographic isolation and lack of transportation	✓ Services will be offered onsite. ✓ The mobile service will have WiFi, which will help bridge the gap of isolation
Lack of health insurance	✓ The mobile service will not require clients to have Medi-Cal in order to receive behavioral health services.
Fear related to immigration	✓ The farmworker team is sensitive to farmworkers' fears and will not ask about clients' immigration status. In addition, because services will be available to all, regardless of Medi-Cal status, this may assuage fears that some undocumented farmworkers have around disclosing their immigration status.
Lack of awareness of services or knowledge of how to navigate the system	✓ The farmworker outreach team, which includes a social worker, will provide case management, assistance with navigating complex systems, and linkage to services.
Stigma associated with accessing behavioral health services	✓ The current bus has a community-friendly look (see Figure 4 for a mock-up of the mobile bus that will be run by Ayudando Latinos a Soñar - ALAS). It will not be branded with any medical or mental health language but rather will be focused on farmworker equity. ✓ Because the bus provides comprehensive services including medical, educational, and behavioral health services, other community members will not know if someone is receiving behavioral health services.

Figure 4: Mock-up of the mobile bus

Project staff

Staff will include:

- Two full-time MFT or MSW clinicians and two part-time MFT trainees in partnership with the USF Psychology program. Clinicians and trainees will be dedicated to providing culturally centered individual, family, and group counseling.

- Clinical Supervisor will provide direct support to the mental health team for individual, group supervision, and clinical counseling services.
- Farmworker Program Director will oversee the direct services provided to the farmworkers, including assessment, creating programming and best practices, oversight, and community engagement.
- One part-time non-clinical staff to coordinate cultural arts programming for the mobile service and participants and will create stimulating activities of cultural healing, food support, arts support, and other identified needs.
- Farmworker outreach team, which includes a social worker who will coordinate and bridge all the services together, creating appointments and also providing one-on-one support.

Advisory Group

An advisory group of farmworker clients, family members and community leaders, including representatives from organizations that work directly with the farmworker community, will be established early in the program start-up. The advisory group will inform all aspects of the program including program structure and activities, outreach strategies, evaluation and dissemination of the findings of the innovation. While the current components of the project were developed by a collaborative of clients, family members, and community leaders, farmworker communities and organizations that serve them will continue to play a critical role in the evolution of this project.

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

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

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

Traditional models of behavioral health care at brick-and-mortar structures with defined clinic hours do not work for farmworkers in rural communities who work long hours in harsh conditions, often do not have transportation, and do not have paid sick leave and job stability. Mobile health care units have been found to be a successful model for reaching vulnerable populations by delivering services directly in communities adapting services based on the needs of the specific community.[7] The cultural arts model is well suited to working with populations that have experienced high levels of trauma and loss and come from cultures that tend to have higher levels of stigma around seeking mental health services. Studies have found that arts and culture can improve mental health by impacting trauma; community-level stress, depression, and substance

[7] Yu, S.W.Y., Hill, C., Ricks, M.L. et al. The scope and impact of mobile health clinics in the United States: a literature review. Int J Equity Health 16, 178 (2017). https://doi.org/10.1186/s12939-017-0671-2

use disorders; and cultural identity.[8] Using culturally centered arts practices lowers the psychological (stigma, distrust) barriers to adoption of services.[9]

Additionally, the 2019 Health Care for the Homeless and Farmworker Health Program needs assessment identified action steps as developing a more robust community health program and developing relationships with farm owners. This project exemplifies culturally focused community engagement, culturally-responsive services, and trauma-informed services by tailoring services to a population with distinct a social context and unique experience of migration. By offering services at farms, the project will develop relationships with farm owners and will offer community health programs directly in the community.

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

Annually, the project will serve 150+ low-income, Latinx farmworkers and their families in the rural, northern coastal area of San Mateo County. There are approximately 1,500 farmworkers registered in the North Coast area; this project will serve approximately 10% of this population.

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 majority of the farmworker population come from working class, Latinx backgrounds and are immigrants who speak Spanish. The 2019 needs assessment survey of 180 farmworker/families found that the average age of farmworkers was 45 and average age of family member was 32; and there was a similar proportion of male and females among farmworkers. Farmworkers/families on the North Coast tend to work in more nursery/greenhouse operations, whereas the South Coast has more vegetable/field crops. [10] The North Coast area has often been overlooked with the farmworker community—the North Coast has attractive beaches and high-end housing, and farms tend to be less visible than in the openly rural South Coast area. Figure 5 shows the living situation of farmworkers/families on the North Coast.

[8] Hand, Jamie and Golden, Tasha. October 4, 2018. Arts, Culture, and Community Mental Health. Community Development Innovation Review. Federal Reserve Bank of San Francisco. Available from: https://www.frbsf.org/community-development/publications/community-development-investment-review/2018/october/arts-culture-and-community-mental-health/
[9] Fancourt D, Finn S. What is the evidence on the role of the arts in improving health and well-being? A scoping review [Internet]. Copenhagen: WHO Regional Office for Europe; 2019. 2. RESULTS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK553778/
[10] San Mateo County Health Care for the Homeless and Farmworker Health Program 2019 Needs Assessment.

Figure 5: Farmworker housing burden by work location (from 2016 Agricultural Workforce Housing Needs Assessment)

	Work in Northern Region	Work in Southern Region
Number of Respondents	149	159
Live in Same Region	97.3%	90.4%
Live with Family	78.5%	54.4%
Households Facing Cost Burden	40.6%	15.0%
Households Facing Overcrowding	36.4%	48.1%
Median Rental Rate	$884	$400
Median Household Income	$30,000	$25,000

RESEARCH ON INN COMPONENT

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

The proposed project uniquely combines the healing power of the cultural arts and community connection with an array of formal clinical behavioral health practices. A mobile behavioral health resource that uses the cultural arts as a pathway to service adoption among farmworkers is without precedent. The project will also increase accessibility by providing services directly at 23 farms in the local area, rather than requiring farmworkers to travel to other nearby locations such as schools, community centers, or family resource centers.

Mobile health care is not new; Mobile Health Map estimates there are about 2,000 mobile clinics located across the U.S.[11] In many low-income countries, mobile vans have been used to reach geographically isolated communities. In the U.S., mobile health care models have been implemented to reach individuals who are underserved; however, most mobile health centers provide preventative and primary care, not behavioral health services, and do not focus on culturally responsive services.[12] Additionally, there is a gap in mobile health clinics that serve rural areas. The study of clinics participating in Mobile Health Map found that though mobile clinics operate all over the country, they are commonly located in densely populated cities and there is a lack of clinics in the rural parts of every state.[13]

Of 724 health clinics participating in Mobile Health Map, only 8% out of 724 clinics offered mental health services.[14] When mobile clinics do offer behavioral health services, they have tended to focus on crisis response or medication assisted treatment (MAT), not the full range of prevention, early intervention,

[11] Mobile Health Map. https://www.mobilehealthmap.org/
[12] Fernandez, Carlos. Innovative Mobile Clinics Serving Children and Families of Riverside County With Limited Access to Behavioral Health Services. American Journal of Psychiatry Residents' Journal 2016 11:10, 10-12. https://doi.org/10.1176/appi.ajp-rj.2016.111005; Heath, Sara. August 30, 2019. How Mobile Health Clinics Drive Care to Vulnerable Patients. Patient Engagement HIT. Xtelligent Healthcare Media. Accessed: https://patientengagementhit.com/features/how-mobile-health-clinics-drive-care-to-vulnerable-patients
[13] Malone NC, Williams MM, Smith Fawzi MC, Bennet J, Hill C, Katz JN, Oriol NE. Mobile health clinics in the United States. Int J Equity Health. 2020 Mar 20;19(1):40. doi: 10.1186/s12939-020-1135-7.
[14] Malone NC, Williams MM, Smith Fawzi MC, Bennet J, Hill C, Katz JN, Oriol NE. Mobile health clinics in the United States. Int J Equity Health. 2020 Mar 20;19(1):40. doi: 10.1186/s12939-020-1135-7.

treatment, and recovery that the proposed project will offer.[15] A recent exception was a mobile model focused on behavioral health that was implemented for veterans at the start of COVID-19, when the Department of Veterans Affairs (VA) deployed four mobile units in cities across the U.S. as part of its efforts to expand mental health care access, drive care coordination, and offer referral to other VA health options.[16]

Out of 291 mobile clinics participating in Mobile Health Map, 17% (n=45) listed migrant workers as one of their target populations.[17] However, few of these clinics are specifically designated to serve the farmworker population, and few offer behavioral health services.[18] In order words, some clinics serve multiple populations, including uninsured, low-income, homeless individuals in addition to migrant workers, such that services are not focused on the specific cultural and occupational factors that migrant workers face. For example, Ventura County has an MHSA Innovation project that is a Mobile Mental Health van, but its intent and target population is quite different from the proposed project in San Mateo County. While Ventura County's mobile mental health van does serve farmworkers, the target population is more broadly individuals who are unserved and underserved, particularly individuals who are homeless and living with mental illness, and the service focus is on responding to crises and providing short-term mental health interventions.[19] In Oregon, La Clínica established community health centers in 1989 to serve Oregon's migrant farmworker population, but they do not include behavioral health services.[20] A mobile health clinic for farmworkers in the Coachella Valley provided services that were accessible in terms of schedule, but also did not include behavioral health services.[21]

There are several mobile clinics that are specifically for the farmworker population and include behavioral health services: a mobile clinic that serves farmworkers in Oregon that offers only tele-behavioral health services;[22] a CommuniCare Mobile Medicine Team that serves migrant communities in Yolo County and provides physical and dental health as well as behavioral health;[23] and mobile health clinics run by Central City Community Health Center in Southern California, which provide health and behavioral health services to agricultural workers, largely at elementary schools or family resource centers, at least one at a farm.[24] These programs differ from the proposed project in important ways in terms of approach and services, in that the proposed project is centered on a model that combines cultural arts practices with clinical behavioral health services, and will deliver services directly onsite to farmworkers and their families at 23 farms, rather than more traditional behavioral health services with mobile vans that visit other locations such as schools or family resource centers.

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[15] California Health Care Foundation. February 11, 2022. Behavioral Health Mobile Crisis Response Services in Medi-Cal. https://www.chcf.org/project/behavioral-health-mobile-crisis-response-services-medi-cal/; Gibbons JB, Stuart EA, Saloner B. Methadone on Wheels—A New Option to Expand Access to Care Through Mobile Units. JAMA Psychiatry. 2022;79(3):187–188. doi:10.1001/jamapsychiatry.2021.3716; Kevin Wenzel, Marc Fishman, Mobile van delivery of extended-release buprenorphine and extended-release naltrexone for youth with OUD: An adaptation to the COVID-19 emergency, Journal of Substance Abuse Treatment, Volume 120, 2021, 108149, ISSN 0740-5472, https://doi.org/10.1016/j.jsat.2020.108149.

[16] U.S. Department of Veterans Affairs, Office of Public and Intergovernmental Affairs. March 30, 2020. VA deploys Mobile Vet Centers to increase outreach during COVID-19 outbreak. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5407

[17] Malone NC, Williams MM, Smith Fawzi MC, Bennet J, Hill C, Katz JN, Oriol NE. Mobile health clinics in the United States. Int J Equity Health. 2020 Mar 20;19(1):40. doi: 10.1186/s12939-020-1135-7.

[18] Heath, Sara. August 30, 2019. How Mobile Health Clinics Drive Care to Vulnerable Patients. Patient Engagement HIT. Xtelligent Healthcare Media. Accessed: https://patientengagementhit.com/features/how-mobile-health-clinics-drive-care-to-vulnerable-patients

[19] https://mhsoac.ca.gov/sites/default/files/Ventura_INN_Plan_Mobile%20Health.pdf

[20] https://laclinicahealth.org/services/mobile-health/

[21] https://news.ucr.edu/articles/2020/07/02/mobile-clinics-can-help-address-health-care-needs-latino-farmworkers

[22] https://www.onecommunityhealth.org/laclinicamobile

[23] https://www.yolocounty.org/Home/Components/News/News/12965/4918

[24] https://centralcityhealth.org/migrant-seasonal-agricultural-worker-program-msaw/

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.

BHRS conducted an extensive online search and literature reviews on comparable existing models. In addition, Ayudando Latinos A Soñar (ALAS), the organization that proposed the idea, spoke to San Mateo County officials, Stanford University Psychology academic researchers, and peer organization leaders on the California coast, all of whom confirmed that the proposed model of mental health service delivery has not been tried in a behavioral health setting. While ALAS provides behavioral health and cultural arts-centered services to the Latinx community in its brick-and-mortar location, the model has not been applied or tested in a mobile setting nor exclusively with the farmworker community. ALAS Executive Director, Dr. Belinda Hernandez Arriaga–a mental health care professional by training, Assistant Professor, MFT, at the University of San Francisco–has not encountered this particular model of mental health support for Latinx farmworkers in her professional experience. Demonstrating industry support for this model, ALAS has received funding for a mobile bus from Biotech companies including Life Science Cares, Gilead, Genentech, and AbbVie.

In addition to the important differences in the program model described in the previous question, there are gaps in the literature on the effectiveness of mobile health models, with most studies focusing on physical health outcomes[25] or outcomes for clients diagnosed with a serious mental illness (SMI).[26]

There is little research on the effectiveness of cultural arts practices in addressing behavioral health in any setting, and no research on its effectiveness in a mobile setting specifically with the farmworker population. There are also gaps in the literature and practice of what characterizes farmworker mental health. For example, what does mental health look like to farmworkers, and how does it differ from DSM definitions of mental health conditions? This project offers the opportunity to better understand the wellness, health, survival, and the stress of the economics for the farmworker population. The project also offers the opportunity to examine what farmworker preferences are for behavioral health services. What services do they find most beneficial tele-behavioral health, in-person counseling, group counseling? This project will be highly participatory in that it will seek consumers' input and feedback on the types of services offered. In sum, this project will **research and create best practices for providing behavioral health services in a farmworker setting.**

[25] Studies on the impact of mobile health clinics on physical health include:
https://www.mobilehealthmap.org/impact-report
https://www.mobilehealthmap.org/Research_Publications
https://www.mobilehealthmap.org/sites/default/files/uploads/literature%20review%202017.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5670702/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7085168/

[26] Studies on mental health impacts have largely been in other countries and have focused more on clients with serious mental health conditions:
In Greece: https://www.psychiatriki-journal.gr/documents/psychiatry/Peritogiannis%202022_Special%20%20article_Pre%20Proof.pdf
In Haiti: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0199313

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?

The project's learning goals and the reasons for their prioritization are as follows.

1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?
    a. *Reason*: The primary purpose of this project is to increase access to underserved populations. Therefore, one of the primary learning goals is to understand the extent to which the practice of mobile behavioral health services expands access and utilization of services among the focal population.
2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?
    a. *Reason*: one of the key components of the innovative programming is the integration of cultural arts with clinical services. Over the course of the INN project, the goal is to understand the effectiveness of this approach in attracting participation and in improving outcomes among the Latinx farmworker population.
3. What are the needs and **best practices** to support farmworker behavioral health?
    a. *Reason*: This project offers the opportunity to understand more deeply the needs of and best practices to support farmworker behavioral health, a topic about which there has not been in-depth research. Understanding needs and best practices will enable this and other projects to be tailored to the specific needs of such an underserved population.

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

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

Gaps in the literature and practice	Proposed intervention and opportunities for learning	Learning Goal
There is limited data on utilization of mobile behavioral health services among farmworkers	Study the extent to which mobile behavioral services are accessible and utilized by farmworkers	1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?

There is no documented practice of using cultural arts integrated with clinical behavioral health services in a mobile model	Apply an integrated model of cultural arts and clinical behavioral health services in a mobile setting, and study perceived improvements in behavioral health/emotional wellness and stigma	2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?
There is limited data on the behavioral health needs and service priorities of farmworkers	Engage farmworkers in identifying and informing behavioral health interventions and gather qualitative and quantitative data on their effectiveness	3. What are the needs and **best practices** to support farmworker behavioral health?

EVALUATION OR LEARNING PLAN

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

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

Learning Goal	Potential Measures	Potential Data Sources
1. To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?	✓ Number and percent of farmworkers/families served by mobile service compared to baseline data on service utilization ✓ Number of farmworkers/families linked by mobile service to behavioral health services ✓ Percent decreased stigma and increased knowledge about available behavioral health resources	✓ Baseline data: intake forms asking about health care utilization; 2019 HCH/FH data on SMMC utilization ✓ Utilization data: program records of numbers served and linkages to BHRS ✓ Perceptions of access: verbal surveys and/or interviews with farmworkers/families
2. How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?	✓ Number of clients participating in cultural arts activities ✓ Percent of clients satisfied with cultural arts activities and behavioral health services	✓ Program records on numbers served ✓ Verbal surveys and/or interviews with farmworkers/families

	✓ Percent of clients experiencing increased protective factors and improved behavioral health outcomes	✓ Intake assessment and 3- and 6-month follow-up assessments by clinician ✓ Interviews or focus groups with program staff
3. What are the needs and **best practices** to support farmworker behavioral health?	✓ Most commonly identified behavioral health symptoms and causes ✓ Most highly rated program components ✓ Program modifications made over time in response to client and staff feedback	✓ Verbal surveys and/or interviews with farmworkers/families ✓ Interviews or focus groups with program staff ✓ Verbal surveys and/or interviews with farmworkers/families ✓ Intake assessment and 3- and 6-month follow-up assessments by clinician

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

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

COMMUNITY PROGRAM PLANNING

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

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. One of the San Mateo County's MHSA Three-Year Plan prioritized strategies includes to increase culturally focused community engagement and create culturally responsive and trauma-informed systems. The Mobile Behavioral Health Services for Farmworkers project addresses this priority. Appendix 2 describes the Three-Year Plan CPP process and all priorities for San Mateo County.

Between February and July 2022, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas.

- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
    - Announcements at numerous internal and external community meetings;
    - Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
    - E-mails disseminating information to over 3,000 stakeholders;
    - Word of mouth on the part of committed staff and active stakeholders,
    - Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, the monthly BHRS Director's Update.
- ✓ June-July 2022: As part of the outreach strategy, BHRS held an online information session. BHRS also held a session on "online research" to provide submitters with tips for how to search online for data and research for their submission. These were recorded and available on the MHSA website. The submission window was open for six weeks in June and July. Throughout that time, BHRS held technical assistance/support sessions that potential submitters could join to talk through aspects of their idea. Submitters were highly encouraged to attend a support session.
- ✓ July-August: BHRS received 19 ideas. All submitted ideas were pre-screened against the Innovation requirements, and 14 ideas moved forward to review. BHRS created a selection workgroup of four people, including BHRS staff, nonprofit providers, and people with lived experience, who reviewed proposals and scored them based on the identified criteria. BHRS also conducted an internal feasibility review that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). From there, four INN ideas moved forward to develop into full INN project proposals for approval by the MHSOAC.
- ✓ On October 6, 2022, the MHSA Steering Committee met to review the four project ideas and provide comment and considerations for the projects through breakout room discussions and online comment forms.
- ✓ The Behavioral Health Commission voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022. No substantive comments were received.

MHSA GENERAL STANDARDS

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

A) **Community Collaboration**. The planning of the project was community-driven in that the idea was proposed by ALAS based on direct feedback their organization heard from interfacing with the farmworker community. The project will collaborate closely with farmworkers, community-based organizations, and San Mateo County BHRS to share information and resources and to increase access to services and supports.

B) **Cultural Competency**. The project is rooted in cultural values and the understanding that cultural identification is a key protective factor for immigrants, particularly those who have had extensive loss in their home countries and may have experienced traumatic migratory journeys. The project will center culturally-specific programming, which blends cultural arts and clinical behavioral health services. All project staff identify as Latinx and are Spanish-speaking. The project will also staff a social worker with lived experience of coming from a farmworker family.

C) **Client/Family-Driven**. The proposed project resulted from feedback that ALAS received from the Latinx farmworker community with which they work. The project will continue to seek feedback from farmworkers/families through surveys and informal conversations about what types of services they like, do not like, and want to see more of. The types of cultural activities will be selected based on client preferences and input, and the program will regularly review client feedback to make continuous improvements.

D) **Wellness, Recovery, and Resilience-Focused**. As described above, the cultural arts model was developed with wellness, recovery, and resilience as the primary foci. Cultural arts build wellness by processing unaddressed grief and trauma, and in doing so, promote recovery from depression, anxiety, and maladaptive coping strategies such as substance misuse. The cultural arts activities are sequenced in such a way that they begin with an activity that is easy to engage with and not directly related to behavioral health, but through the activity, participants are able to access and process emotions that they otherwise might have not been willing to. The activity culminates by emphasizing participants' resilience in body, mind, and spirit by helping them touch into their capacity to face challenging circumstances.

E) **Integrated Service Experience for Clients and Families**. The proposed project will support their connection to the greater County communities and resources, leading to improved wellness, recovery from trauma, and resilience as a result of increased connection to community resources. The project will leverage community partnerships with organizations serving the North Coast and will deepen collaboration with BHRS and community partners such as local libraries, community colleges, and adult education.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

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

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

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

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. Individuals with serious mental illness or others requiring ongoing behavioral health supports will be connected with the local BHRS clinic and/or existing local service providers.

If the evaluation indicates that the proposed project is successful and an effective means of promoting behavioral health, reducing behavioral health stigma and increasing access to behavioral health services for farmworkers/families and there is availability of Prevention and Early Intervention (PEI) funding, a proposal of continuation would be brought to the MHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to secure ongoing MHSA funding.

COMMUNICATION AND DISSEMINATION PLAN

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

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

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription

feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

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

Opportunities to present at statewide conferences will also be sought.

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

a. Farmworker behavioral health
b. Farmworker mental health
c. Mobile behavioral health services
d. Cultural arts and behavioral health
e. Cultural arts and farmworkers

TIMELINE

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

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

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

Quarter	Key Activities, Milestones, and Deliverables
Mar-Jun 2023	• BHRS Administrative startup activities – procurement and contract negotiations •
July-Dec 2023	• Hire and train staff • Convene project advisory board • Determine schedule of programming • Develop intake, assessment, and referral forms • Set up infrastructure for implementation/ evaluation and referral system and resources • Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools
Jan-Mar 2024	• Begin signing farmworkers up for behavioral health services • Begin delivering behavioral health services and cultural arts activities • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2024	• Continue outreach and programming • Data tracking and collection

	• First 6 months post-launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2024	• Continue outreach and programming • Data tracking and collection
Oct-Dec 2024	• Continue outreach and programming • Data tracking and collection
Jan-Mar 2025	• Continue outreach and programming • Data tracking and collection • Sustainability planning begins
Apr-Jun 2025	• Continue outreach and programming • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jul-Sept 2025	• Continue outreach and programming • Initial sustainability plan presented, begin exploring options for sustainability • Engage MHSA Steering Committee and the Behavioral Health Commission on possible continuation of the project with non-INN funds
Oct-Dec 2025	• Continue outreach and programming • Data tracking and collection
Jan-Mar 2026	• Continue outreach and programming • Data tracking and collection
Apr-Jun 2026	• Continue outreach and programming • Data tracking and collection • Third evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on quantitative and qualitative data.
Jun-Dec 2026	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2026
Jan-March 2027	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

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

The total Innovation funding request for 4 years is $1,815,000, which will be allocated as follows:

Service Contract: $1,455,000
- $485,000 for FY 23/24
- $485,000 for FY 24/25
- $485,000 for FY 25/26

Evaluation: $145,000
- $50,000 for FY 23/24
- $40,000 for FY 24/25
- $40,000 for FY 25/26
- $15,000 For FY 26/27 (6mths)

Administration: $215,000
- $10,000 for FY 22/23 (4mths)
- $65,000 for FY 23/24
- $60,000 for FY 24/25
- $60,000 for FY 25/26
- $20,000 FY 26/27 (8 mths)

Direct Costs will total $1,455,000 over a three-year term and includes all contractor expenses related to delivering the program services (i.e., salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.). The current proposer has an existing mobile bus with ongoing maintenance and repairs funded by outside sources. The County will go through a local bidding process to identify a contractor that could provide direct mobile services onsite for farmworkers, the bus is not a required component of this INN project.

Indirect Costs will total $360,000

- $145,000 for an independent evaluation contract; with the final report due by December 31, 2026. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $215,000 for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

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

Other Funding: 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 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	**$10,000**	**$65,000**	**$60,000**	**$60,000**	**$20,000**	**$215,000**
4.	**Total Personnel Costs**						**$ 215,000**
	OPERATING COSTS*						
5.	Direct Costs						
6.	Indirect Costs						
7.	**Total Operating Costs**						**$**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.							
10.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
11.	Direct Costs		**$485,000**	**$485,000**	**$485,000**		**$1,455,000**
12.	Indirect Costs		**$50,000**	**$40,000**	**$40,000**	**$15,000**	**$145,000**
13.	**Total Consultant Costs**						**$1,600,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$ 0**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$0**
	Direct Costs (add lines 2, 5, and 11 from above)		**$485,000**	**$$485,000**	**$485,000**		**$1,455,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$10,000**	**$115,000**	**$100,000**	**$100,000**	**$35,000**	**$360,000**
	Non-recurring costs (total of line 10)						**$0**
	Other Expenditures (total of line 16)						**$0**
	TOTAL INNOVATION BUDGET	**$5,000**	**$320,000**	**$300,000**	**$300,000**	**$15,000**	**$1,815,000**

*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 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$10,000	$550,000	$545,000	$545,000	$20,000	$1,670,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**						**$1,670,000**
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 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds	$50,000	$40,000	$40,000	$15,000		$145,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**						**$145,000**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**TOTAL**
1.	Innovative MHSA Funds*	**$60,000**	**$590,000**	**$585,000**	**$560,000**	**$20,000**	**$1,815,000**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**						**$1,815,000**
*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting** **** If "other funding" is included, please explain within budget narrative.**							

APPENDIX 1. THEORY OF CHANGE

Theory of Change: Mobile Behavioral Health Services for Farmworkers

Primary Problem: High need and low access to behavioral health services for farmworkers and their families

Key Considerations (from the literature)

Social Determinants of Health (SDOH)

- Immigration and migration trauma
- Housing instability
- Economic instability and risk for exploitation
- Climate change

Behavioral Health

- Unmet behavioral health needs as a result of past and ongoing traumas

Awareness and Access

- Barriers to accessing care including work schedules, exhaustion, transport, health insurance, and stigma

Cultural Responsiveness

- There is a need for culturally responsive approaches to addressing the behavioral health needs of farmworkers and their families

Interventions

Farmworker Outreach and Linkage

- Farmworker outreach team visits farms
- Conduct assessments and case management
- Make linkages to mobile health bus and County behavioral health services

Mobile Health Bus

- Services meet farmworkers and families where they are and offer services at accessible times of day
- Telehealth and in-person behavioral health prevention, early intervention, treatment, and recovery services

Cultural Arts Practices

- Cultural arts activities to process the grief of migration and build community and protective factors

Outcomes

Access and Utilization

- More farmworkers/families are served by mobile bus compared to baseline
- Farmworkers/families are linked to behavioral health services
- There is decreased stigma and increased knowledge about behavioral health resources
- Clients report satisfaction with cultural arts activities and behavioral health services

Behavioral Health Outcomes

- Clients have increased protective factors and improved behavioral health outcomes

Best Practices

- The evaluation identifies common behavioral health symptoms and causes, and essential program components

Learning Objectives

Learning Goal #1

To what extent does a culturally responsive, mobile behavioral health resource **expand access** to and utilization of behavioral health services in the Latinx farmworker community?

Learning Goal #2

How does an integrated approach using cultural arts and formal clinical services support behavioral health **service adoption and outcomes** among the Latinx farmworker community?

Learning Goal #3

What are the needs and **best practices** to support farmworker behavioral health?

MHSA INN Primary Purpose

Increased access to behavioral health services

APPENDIX 2. MHSA THREE-YEAR CPP PROCESS

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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

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

CPP FRAMEWORK

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

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

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

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

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

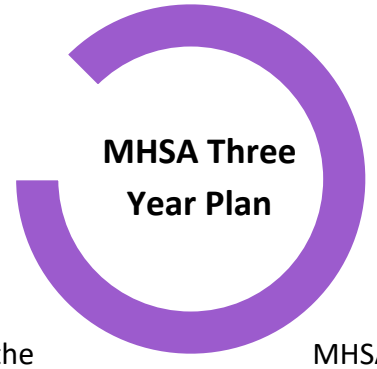
1. **Input:** 28 community input sessions and key interviews with diverse groups and vulnerable populations were conducted **to identify strategies to address the prioritized needs.** Participants brainstorm strategies in the areas of prevention, direct service and workforce training.
   Participants were asked the following questions:
   - Are there any program/service that are working well to address the need identified and would benefit from either expansion or enhancements?
   - Is there a new service or program that you would like to see considered to address the need identified?
2. **Prioritization:** To support the prioritization of strategies, participants were also asked: Which strategy will have the most impact over the next three years?

A strategic approach to addressing the input received, was proposed to the MHSA Steering Committee. The 22 strategies prioritized through the input sessions were organized under 5 MHSA Strategic Initiatives with the intent to allocate existing MHSA staff resources to engage stakeholders in planning to develop an adaptive strategy direction for these initiatives. The goal being to a) define a continuum of services, b) identify gaps at all levels of support or intensity in treatment, and c) articulate expected outcomes and identify the activities/strategies that will support a comprehensive continuum of services. The 5 MHSA Strategic Initiatives reflect the Three-Year Plan priorities of the CPP process and include the following.

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

The 5 MHSA Strategic Initiatives and respective 22 strategies were presented to the MHSA Steering Committee on April 29, 2020. Pre-recorded public comments were included for each

strategy area and an opportunity for additional public comments was provided. The MHSA Steering Committee members were asked the following two questions via an online survey to help both a) rank the 5 Strategic Initiatives and b) rate the 22 strategies.



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

STAKEHOLDERS INVOLVED

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

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

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

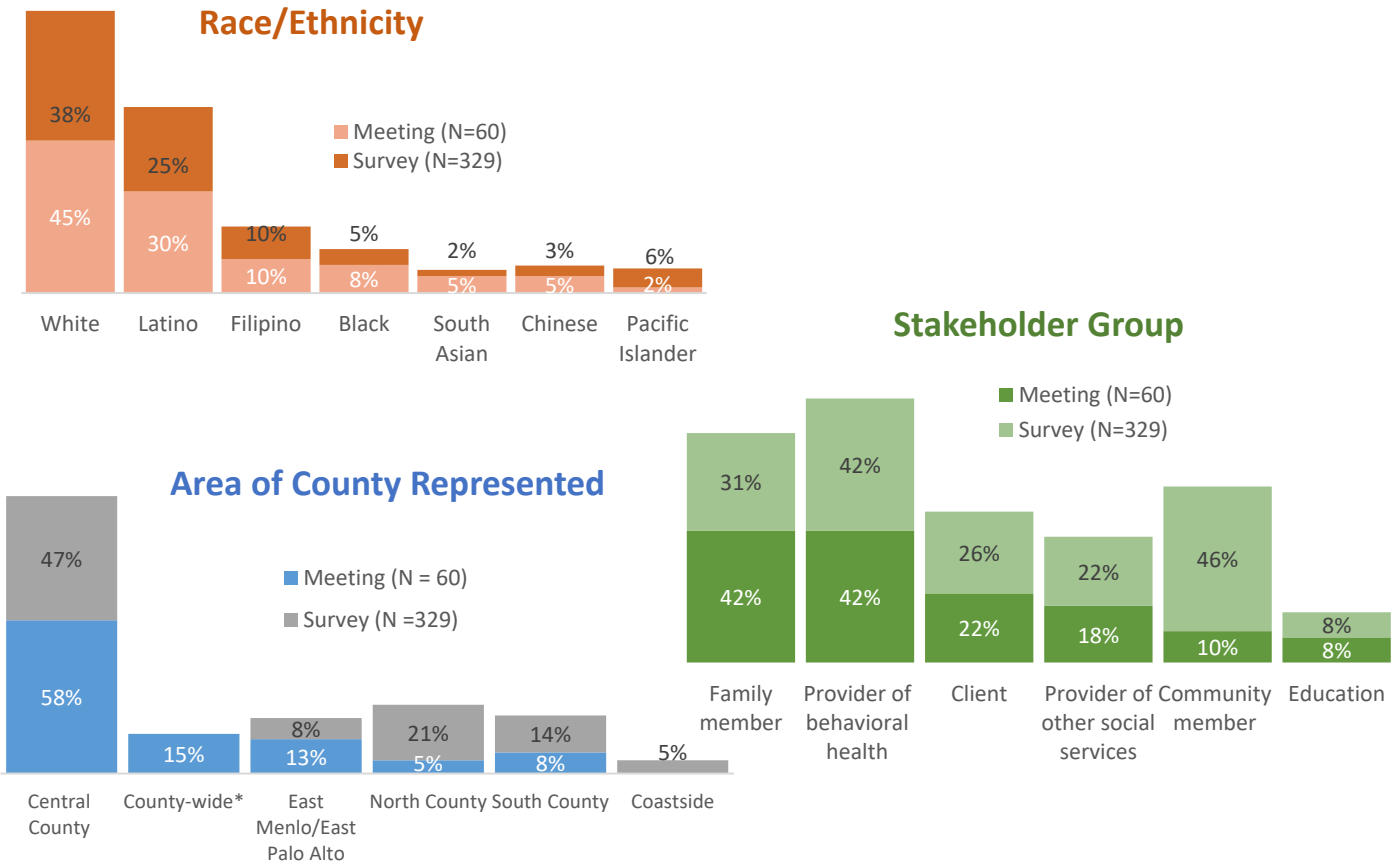
Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments). While we were unable to collect demographic data from all the Input Sessions, we

know that 57 client and family member stipends were provided during various sessions as listed below, for a total amount of $1,425.

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

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

Demographics of participants



Input Session conducted

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

APPENDIX 3. INN IDEA SUBMISSION PACKET

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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

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

Start here to get informed!
[MHSA Frequently Asked Questions]
[MHSA Submission Process and Dates]
[Idea Submission MythBusters]
[Scoring Criteria for Submissions]

Then go here to submit!
[Idea Submission Form]

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

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

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

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

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Frequently Asked Questions

MHSA Innovation

What is MHSA?

- California voters passed the Mental Health Services Act (MHSA), Proposition 63, in November 2004. It became state law on January 1, 2005.
- MHSA raises money to transform the state's behavioral health programs through a 1 percent tax on personal incomes above $1 million.
- There are three main categories of programs funded by MHSA:
    - **Community Services & Supports (CSS)** are direct treatment and recovery services for serious mental illness and serious emotional disturbance.
    - **Prevention & Early Intervention (PEI)** services are provided either before or at the early onset of mental health issues.
    - **Innovation (INN)** projects are new approaches and community-driven best practices.

What is Innovation?

- INN makes up about 5% of the County's MHSA funding. For San Mateo County, this is currently about $2.15M per year for new projects.
- INN projects are 3 to 5-year pilot projects to develop new best practices in behavioral health care. The County runs a stakeholder participation process for INN every three years.

What is included and excluded in INN?

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

INN projects must **either**:

1) Make a change to an existing behavioral health practice to improve the quality of the services or reach a different population
   or
2) Introduce a new approach in the behavioral health field

Making a change to an existing behavioral health practice

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

- For example: There might be a promising program in Boston for teenagers who have experienced trauma, but it serves mostly White youth. You want to modify it to be culturally relevant and test whether it is effective for Latinx teens in East Palo Alto.
- For example: San Mateo County already offered alternative therapies via the Neurosequential Model of Therapeutics (NMT) for children in its mental health system. An INN project was approved to test the effectiveness of NMT with adults.

Introducing a new approach in the behavioral health field

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

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

What happens to programs after the INN period ends?

- It depends. If projects are shown to be effective, some may get funding from another MHSA component (CSS or PEI). Some may have other funding sources, or a mix of MHSA and other funding sources.

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

MHSA INN Submission MythBusters

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

Myth Only organizations/agencies can submit an idea.

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

Myth Ideas can only be submitted online and in English.

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

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

Fact **There are several ways that we will support you in submitting your idea**:

- TA hours
- Support in other languages
- Reasonable accommodations
- We can also support you in helping someone else submit an idea (a family member, friend, or client)

Myth I will have to put together my submission quickly.

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

Myth There are no guidelines for INN project topics.

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

MHSA Core Values

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

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

Three-Year Plan Strategic Initiatives

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

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

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

Fact **It will take you about 4-6 hours to put together your submission**.

- You will need to do the following:
  - Do some research or request support from the BHRS team to do some research on your project idea
  - Fill out a submission form

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

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

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

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

Fact **The MHSA INN workgroup has developed criteria for scoring the ideas that stakeholders submit**.

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

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

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

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

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

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

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

Scoring Criteria for MHSA INN Submissions

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

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

2. **Submission Scoring**

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

Criteria	Definition	Score

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

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

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

3. Equity and Feasibility Review

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

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

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

SAN MATEO COUNTY HEALTH
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Idea Submission Form

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

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

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

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

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

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

Submission pre-check

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

☐ I live, work, play, or go to school in San Mateo County
☐ I have read the INN requirements and I believe my project meets the requirements
☐ I have found information (such as through an online search) that supports my project as something that would have positive impacts
☐ I have not seen research articles showing that my exact idea has already been done and has been effective in a behavioral health setting

Submission Information

Your Name: Email Address:

Phone Number:

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

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

   a. What services will be provided?

   b. Who will be served? (target population)

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

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

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

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

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

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

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

4c. Target populations (check all that apply)

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

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

- ☐ Yes
- ☐ No

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

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

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

- ☐ Yes
- ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

   ☐ Yes
   ☐ No

Thank you!

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

APPENDIX 4. ALL PUBLIC COMMENTS RECEIVED

No public comments were received during the 30-day public comment period and local public hearing for the Mobile Behavioral Health Services for Farmworkers INN Project Plan.