SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.
☐ Local Mental Health Board approval Approval Date: November 6, 2024
☐ Completed 30 day public comment period Comment Period: November 6, 2024
☐ BOS approval date Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: December 10, 2024 *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: December 2024 or January 2025 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Mental Health Services Act (MHSA)
Innovation Project Plan

County Name: San Mateo County

Date submitted: TBD

Project Title: Animal Care for Client Housing Stability and Wellness

Total amount requested: $930,000 ($750K service delivery for 3 years, $80K BHRS administration, $100K evaluation)

Duration of project: 4 years (3 years of services, 6 months start-up, 6 months post evaluation)

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.

Animal companionship provides meaningful support for individuals with mental health and/or substance use challenges in ways that align with the four dimensions of recovery outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA): *health, home, purpose*, and *community*.[1] Research shows that 97% of U.S. pet owners consider their pet to be part of their family.[2] Animals provide a sense of purpose, are a source of empathy and emotional support, provide social connectedness, serve as family in the absence of or in addition to human family members, and support individuals' self-efficacy and self-esteem.[3] In these ways, the human-animal relationship is commonly considered a main source of support in recovery.[4] Additionally, some individuals with mental health and/or substance use challenges may use service animals–including psychiatric service animals–that are trained to work, provide assistance, or perform tasks to support them with their disability.[5]

Both the literature and local San Mateo County behavioral health providers indicate that animal companionship is a common source of support for individuals with mental health and/or substance use challenges. Research studies on pet ownership by individuals living with SMI have found that at least one in five study participants were pet owners; in several cases, close to half or more than half of study participants were pet owners.[6] The Mental Health Association of San Mateo County (MHA) estimates that of the 600 individuals they serve in supportive housing and shelters, approximately 400 of whom are BHRS clients, about one-third have animals.

---

[1] SAMHSA. (2024, March 26). *Recovery and Recovery Support*. https://www.samhsa.gov/find-help/recovery

[2] Beshay. (2024, April 14). About half of U.S. pet owners say their pets are as much a part of their family as a human member. *Pew Research Center*. https://www.pewresearch.org/short-reads/2023/07/07/about-half-us-of-pet-owners-say-their-pets-are-as-much-a-part-of-their-family-as-a-human-member/

[3] Wisdom, J. P., Saedi, G. A., & Green, C. A. (2009). Another breed of "service" animals: STARS study findings about pet ownership and recovery from serious mental illness. American Journal of Orthopsychiatry, 79(3), 430–436. https://doi.org/10.1037/a0016812; Kosteniuk, B. M., & Dell, C. A. (2020). How Companion Animals Support Recovery from Opioid Use Disorder: An Exploratory Study of Patients in a Methadone Maintenance Treatment Program. In *Vol.12, Numéro 1/Vol.12, Issue 1* [Journal-article]. https://pdfs.semanticscholar.org/3639/ba3c072070662d46729ffd3885609afaf8a7.pdf

[4] Brooks, H., Rushton, K., Walker, S., Lovell, K., & Rogers, A. (2016). Ontological security and connectivity provided by pets: a study in the self-management of the everyday lives of people diagnosed with a long-term mental health condition. BMC Psychiatry, 16(1). https://doi.org/10.1186/s12888-016-1111-3

[5] Animals are classified into three different categories: (1) pets, (2) emotional support animals (ESA), and (3) service animals (SAs). A SA is a dog (or miniature horse) that aids those with a physical or mental disability. An ESA provides emotional, cognitive, or other similar support to an individual with a disability, and does not need to be trained or certified. A pet is a domesticated animal that provides companionship and is not considered a service animal or an emotional support animal. The term "animal" is used throughout this plan to encompass pets, ESAs, and SAs, unless otherwise noted.

[6] Zimolag, U., & Krupa, T. (2009). Pet ownership as a meaningful community occupation for people with serious mental illness. *American Journal of Occupational Therapy*, *63*(2), 126–137. https://doi.org/10.5014/ajot.63.2.126; Wisdom, J. P., Saedi, G. A., & Green, C. A. (2009). Another breed of "service" animals: STARS study findings about pet ownership and recovery from serious mental illness. *American Journal of Orthopsychiatry*, *79*(3), 430–436. https://doi.org/10.1037/a0016812

Given the role of animal relationships in recovery, and the substantial proportion of individuals living with mental health and/or substance use challenges who have animals, there is a need for programs and policies to sustain the human-animal relationship when an individual needs a higher level of care to support their recovery. During such times, lack of animal care can be a barrier to clients' recovery by impacting decisions to seek treatment and/or by impacting housing stability, as described below.

- **Receiving timely treatment**: Service providers have found that a reason clients with animals decline higher levels of care (e.g., residential treatment, hospitalization) is the uncertainty around care for their animal during this time. Because of the strong emotional bond with their animal, clients who cannot bring their animals with them to a higher level of care (either because the animal is not accepted or because the individual is unable to care for the animal) can experience parental concern, separation anxiety, and grief if their animal does not have a safe place to go.[7] A survey conducted by the Johnson County, Kansas Mental Health Center found that more than 70% of County mental health staff members had at least one client decline treatment in the previous six months because they didn't have temporary care for their pet.[8] Similarly, a study exploring pet care of individuals hospitalized for physical health issues found that 63% of participants reported challenges finding pet care during a prior hospitalization, and/or knew someone who encountered similar challenges. Participants also reported that these challenges negatively affected their health, recovery, or their decision to receive medical care.[9]
- **Maintaining stable housing and wellness**: Clients who are in supportive housing settings may experience periods of crisis or unwellness, during which they may not be able to maintain care for their animals. This may result in unhealthy living conditions for both the animal and the client (e.g., not being able to take animals out for walks, animals may urinate/defecate in the home), which may also put a client at risk for eviction. Among clients who are unhoused, having an animal may be a barrier to securing stable housing and/or receiving health or behavioral health services if animals are not accepted in a particular housing or treatment setting, as individuals may choose animal companionship over formal housing and health services.[10] This stark reality has been referred to as "choosing pet over place."[11]

Recognizing the importance of animal companionship in supporting behavioral wellness, San Mateo County has implemented policies and services for individuals who have animals and are seeking housing and behavioral health treatment.

- **For unhoused individuals:** In 2022, San Mateo County made a commitment to achieve "functional zero" homelessness and implemented animal-friendly shelters as a strategy in realizing this goal.

---

[7] Cleary, M., West, S., Visentin, D., Phipps, M., Westman, M., Vesk, K., & Kornhaber, R. (2020). The Unbreakable Bond: The Mental Health Benefits and Challenges of Pet Ownership for People Experiencing Homelessness. Issues in Mental Health Nursing, 42(8), 741–746. https://doi.org/10.1080/01612840.2020.1843096

[8] *Group cares for pets while owners get mental health, drug treatment*. (2022, November 21). National Association of Counties. https://www.naco.org/articles/group-cares-pets-while-owners-get-mental-health-drug-treatment

[9] Polick, C. S., Applebaum, J. W., Hanna, C., Jackson, D., Tsaras-Schumacher, S., Hawkins, R., Conceicao, A., O'Brien, L. M., Chervin, R. D., & Braley, T. J. (2021). The Impact of Pet Care Needs on Medical Decision-Making among Hospitalized Patients: A Cross-Sectional Analysis of Patient Experience. *Journal of Patient Experience*, *8*, 237437352110460. https://doi.org/10.1177/23743735211046089

[10] Ward, C., Johnson, I., Bamwine, P., & Light, M. (2023). The Pet Paradox: uncovering the role of animal companions during the serious health events of people experiencing homelessness. *Anthrozoös*, *37*(2), 343–359. https://doi.org/10.1080/08927936.2023.2280376

[11] Cleary, M., West, S., Visentin, D., Phipps, M., Westman, M., Vesk, K., & Kornhaber, R. (2020). The Unbreakable Bond: The Mental Health Benefits and Challenges of Pet Ownership for People Experiencing Homelessness. Issues in Mental Health Nursing, 42(8), 741–746. https://doi.org/10.1080/01612840.2020.1843096

The San Mateo County Housing Navigation Center added kennels and allows ESAs, and free veterinary care is available for pets of clients who are unhoused.

- **For clients enrolled in Full Service Partnership (FSP) and/or in permanent supportive housing (PSH) settings**: Animals are allowed in some cases (see table below). Clients' case managers and/or peers sometimes provide support with short-term, low-effort pet care needs such as dog walking; however, these limited supports are insufficient for clients who need a safe home for their pet while they are receiving medical and/or behavioral health treatment during a period of unwellness.

The table below describes the animal policies in different types of San Mateo County facilities. As is shown in the table, homeless shelters accept animals per the County's policy; PSH sites accept ESAs (per California housing law) and some accept pets (there is a bill currently in the California legislature that may require rental properties to also allow pets as well as ESAs); while residential treatment facilities are mixed in their policies for accepting animals.

Type of Facility	Animal Policies
Congregate and non-congregate shelters	**County shelters** – Accept animals under conditions described in the Service Animal (SA), Emotional Support Animal (ESA), and Pet Policy of March 2024.
Permanent Supportive Housing (PSH)	**Larger PSH sites** – These sites serve a mix of MHSA-funded and non MHSA-funded residents. Four sites accept pets (per California law now requires all multi family communities accept pets. Check out California AB2216). Light Tree in East Palo Alto accepts pets; South San Francisco MidPen allows pets; San Mateo MidPen site allows one pet, with restrictions on breeds; and Mental Health Association sites accept pets. **Smaller PSH sites** – These sites are for MHSA residents and accept ESAs, but not pets.
Crisis Residential Facilities	**Serenity House –** Cannot accept clients with ESAs, per DHCS rules.
Residential Substance Use Treatment Facilities	**Hope House** – No animals are allowed due to allergy issues with staff and potentially with clients. Additionally, animals could only be allowed in the downstairs room, which is the same room that babies would be in, so no animals are allowed in there. **Free at Last** – No official policy, historically no animals allowed. **Latino Commission** – SAs allowed only on a case-by-case basis, subject to denial if posing allergy threat to staff or other clients. **HealthRight 360** – Both ESAs and SAs are allowed upon approval. **Our Common Ground** – Allows documented SAs only.

While the above-mentioned policies and supports are an important step in supporting individuals to maintain their relationships with their animals, animals are not accepted at the county's residential crisis treatment facility, Serenity House, which serves as a barrier for any client needing crisis mental health care. In addition, providers observed that even though certain substance use treatment facilities accept animals in some cases, it can be difficult for clients to receive approval to bring their animals. While clients with financial resources may be able to pay for a pet sitter or board their animals, BHRS clients are likely to have lower income and therefore have no access to this type of support. Thus, there remains a need for temporary animal care when an individual either cannot bring their animal to a higher level of care, or is temporarily unable to properly care for their animal.

San Mateo County Behavioral Health and Recovery Services (BHRS) providers and contractors do not formally collect data on the number of clients who face barriers to treatment or housing due to a need for animal care, but providers shared several anecdotal experiences. MHA has had at least two recent cases where clients declined to seek residential treatment because they could not find a suitable place for their pets. At least two BHRS providers reported attempting to receive temporary support from the local SPCA while clients were accessing a higher level of care.

As the county prepares to transition to Behavioral Health Services Act (BHSA), this INN project was prioritized as it directly removes a known barrier to care that will enable the most vulnerable clients to engage in needed services including higher levels of treatment as needed, and to remain housed. See the INNOVATION PROJECT SUSTAINABILITY section below for more detail on how the project aligns with the transition to BHSA.

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 serve individuals who are living with mental health and/or substance use challenges and experience a change in their condition wherein temporary animal care would support wellness and housing stability. In this way, the project will 1) facilitate entry into higher levels of care (e.g., crisis or treatment residentials, hospitalization), and 2) help housed clients maintain housing, all while preserving the crucial human-animal relationship that supports clients' recovery.

The project will provide temporary animal foster care by appropriately trained peer volunteers during the time their humans are experiencing need for respite care, hospitalization, criminal justice encounter, or higher level of care. As clients are able, animals will visit their human, sustaining the relationship for both the animal and the client until reunification is possible. Having peers with firsthand experience of the types of challenges that program clients are experiencing will promote trust that their animals are in the care of someone who understands what they are going through. Choosing to be separated from their animal, even temporarily, is often the single biggest barrier for an individual who is facing an extended period of time in treatment or hospitalization, so knowing their pet will be cared for in a safe and loving foster home eases any added stress allowing our clients to focus their energy on healing.

The project will also provide short-term in-home animal care support (e.g., grooming, dog walking, transportation to veterinary appointments) in cases where temporary support would help clients maintain wellness and housing for themselves and their animal. These services allow clients to focus on their own health while keeping their pets healthy and cared for.

Assessment and Enrollment

- Criteria for referral are individuals living with serious mental illness (SMI) and/or substance use disorders (SUD) with pets, ESAs, or SAs for whom animal care is an **urgent and temporary barrier** to receiving a higher level of care or maintaining their housing stability and wellness.
- BHRS and its network of care providers and community-based organizations will identify individuals who meet this criteria and refer them to the program.
- Program staff will conduct an assessment to determine that the animal care needs are temporary, and that the individual wishes to participate in the program.
- If the individual meets the program criteria and desires to participate, program staff will conduct an intake to understand their specific needs, and complete a consent for and temporary surrender form for their animals to stay in foster care.

Services

The project will provide the following services.

- **Recruitment, training, and support of peer animal caregivers (PACs).** Training will follow established procedures for animal fostering, including the foster home environment and health status of other animals in the home. PACs who are renters will be educated about California tenant law as it relates to animals/pets in the home and be provided with support if they face challenges from landlords about fostering an animal. In addition, PACs will receive training in communication between the animal caregivers and individuals with mental health and substance use challenges.
- **Free, temporary foster care placement for animals**. PACs will provide care and attention for the animal, keep the animal safe and healthy, and ensure the animals receive necessary veterinary care including screening, vaccination, and treatment of any issues. PACs will share video and photo updates with the program, who will pass those updates to the client.
    - *Length of care*: Temporary foster care will typically be for a minimum of 30 days and a maximum of 90 days to account for time in residential treatment. If more time is needed to support a client's long-term recovery, the program will have a process in place to extend foster care for up to six months.
    - *Emergency foster care*: Emergency foster care will be available for when a client is ready to go into treatment but the program has not found a temporary foster. Emergency PACs will have an open and/or flexible schedule that can take an animal in within 24-48 hours and keep an animal for approximately 1-2 weeks.
    - *Rehoming*: In the rare case that a pet owner makes the challenging decision to rehome their pet or ESA during the program, the program will support them in finding a new home for their animal.
- **Client-animal visitation**. When possible, the program will support visits between the client and their animal until reunification is possible. To support safe and supportive interactions, visits will be attended by a program staff member.
- **In-home animal care support**. For individuals in supportive housing settings who do not need full foster care for their animal, but need temporary support caring for their animal, peer volunteers will visit clients in their homes to support dog-walking, grooming, and vet visits. These visits may also include teaching and coaching for clients on housing retention and animal care.

Staff and volunteers

A local animal care organization that provides fostering services will be contracted to oversee the program. PACs will be recruited through BHRS's existing network of peer support workers and programs for individuals with lived experience and their family members.

Staff

- The project will include one program manager (part-time) with expertise in animal care and fostering. The program manager will:
  - Screen and certify PACs to provide animal foster care
  - Screen potential clients who have been referred to the program
  - Match PACs to clients
  - Oversee training of PACs and Peer Specialists
  - Supervise Peer Specialists
  - Monitor the quality of the fostering relationship
  - Manage urgent situations that arise related to animal care
- Certified peer specialists (two part-time) with experience in animal care will:
  - Conduct outreach to BHRS providers about the program
  - Conduct client intakes
  - Be a point of contact for clients who may have questions about their animals during the fostering period
  - Provide training and supervision for PACs
  - Provide education and coaching to clients on animal care and housing retention
  - Accompany visits between clients and their animals during the foster care period
  - Support and liaise with clients' treatment team as needed
  - Provide Aftercare follow-up check-ins, support, and referrals to community resources for clients

Volunteers

- The program will recruit a pool of PACs who may choose to be certified to provide animal foster care and/or to provide in-home animal care support. Volunteers will go through a thorough training and certification process. We anticipate that a pool of approximately 10 PACs will be recruited, with not all volunteers actively providing service at any given time, but being available as fostering/animal care needs come up.
- While volunteers will not be paid, they will receive a stipend for participating in the training and certification process, and all animal-care related costs while fostering will be covered.

Advisory Group

A small advisory group of clients, family members, and community organizations will be established early in the program start-up. The advisory group will inform all aspects of the program including the program structure and services, outreach strategies, evaluation and dissemination of the findings of the innovation. Stakeholders will continue to play a critical role in the evolution of this project.

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

This project 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.

This approach has been demonstrated to meet a need both within and outside the behavioral health field. Temporary animal foster care has been successful with populations including individuals needing medical treatment, individuals in domestic violence situations, individuals experiencing housing insecurity, and individuals seeking behavioral health treatment. One provider of such services, BestyBnb, reports having provided 4,000+ nights of temporary animal care for pets with a 100% reunification rate.[12] Dogs Matter, a nonprofit based in Texas, has helped over 750 clients through temporary foster care for dogs. The approach we have selected for this project combines temporary animal foster care with additional supportive services designed to provide a client-centered and integrated experience for the client. The project idea was proposed by a family member with lived experience who is in a leadership role in MHSA planning, and has observed the need for this service firsthand.

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

The project will be piloted with a small set of clients who are enrolled in FSP services or living in PSH settings. A pilot will enable the program to oversee a small number of clients, provide close oversight of peer volunteers, and study implementation and effectiveness before scaling to a larger number of clients. The next phase would open the program to referrals from mental health and substance use residential settings and behavioral health crisis and emergency settings. In the first year of service, it will be crucial to focus on the process of recruiting, training, and supervising peer volunteers, to more deeply understand the specific animal care needs that clients have, and to be attentive to the relationship and communication between peers and clients.

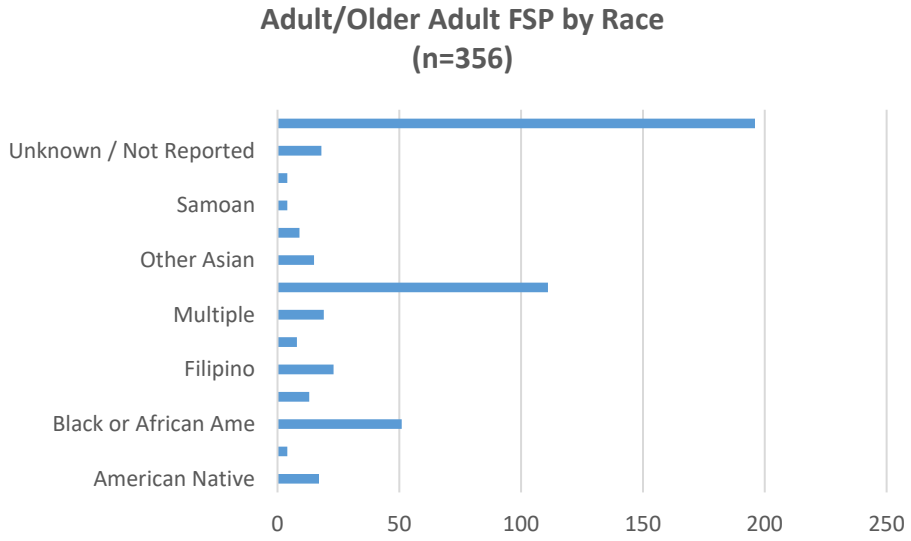
During the initial six-month planning period, the project will recruit and train two to three PACs. During the first six months of the service period, these PACs will collectively be able to provide temporary animal foster care for six to nine clients. After the first six months, the project will evaluate what has gone well, what needs improvement, and make any needed changes to the program model or training approach. As the program model is formalized, the number of PACs will increase and the target population will be expanded to include other BHRS clients outside of FSP or PSH settings.

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 project will serve adult and older adult clients living with SMI and/or SUD with pets, ESAs, or service animals for whom animal care is an urgent and temporary barrier to receiving a higher level of care treatment

[12] *Impact & Momentum — BestyBnB*. (2022). https://www.mybestybnb.com/impact-momentum

or maintaining their housing stability and wellness. Clients may be age 18 or older, any gender, race/ethnicity, or sexual orientation, and speak any language. FSP clients are 29% Hispanic or Latino ethnicity and represent diverse races as demonstrated below.



RESEARCH ON INN COMPONENT

1) 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 addresses a known barrier to wellness and housing stability through a unique combination of services. There are existing programs throughout the country that provide temporary foster care for pets while their owners are experiencing physical or behavioral health challenges that prevent them from being able to have their animal with them. The innovative components of the project include:

1. **Peers as the animal caregivers**. There is no evidence that existing programs focus on having peers with lived experience as the providers of foster care and animal support services.
2. **Human-animal visitation**. There is no evidence that existing programs incorporate a component of visitation during the temporary foster care period.
3. **Inclusion of ESAs and SAs in addition to pets**. Most existing programs are described as providing temporary foster care for pets, but do not clarify if they also serve ESAs and SAs, and how that care might differ for both the animal caregiver and the impacts for the client.
4. **Addition of in-home animal support services for housing retention.** While some programs offer animal support services including dog-walking, grooming, and assistance with vet appointments, these services are not designed specifically with the goal of preventing loss of housing. The proposed INN project will provide animal care support services along with coaching around animal care and housing retention in order to support this goal.

2) 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 of temporary animal foster care programs and reached out to various programs. Several programs provide temporary animal foster care for clients seeking behavioral health treatment. Some of these programs are explicitly designed for individuals experiencing behavioral health challenges, while others serve a broader population including individuals experiencing medical needs, homelessness, or who are in domestic violence situations. For example:

- Pause4Paws, Inc. is a Tulsa, OK non-profit that arranges foster homes for pets while their owners experiencing homelessness, mental health challenges, and/or substance use challenges receive urgent medical, mental health, or substance abuse treatment. https://www.pause4pawsok.org/who-we-serve.html
- Dogs Matter is a Dallas, TX based program that provides free, temporary foster care placement and supportive services for dogs of individuals seeking substance abuse treatment and transitioning into recovery https://www.dogsmatter2.org/
- BestyBnB is a Kansas-based program originally created to help survivors of domestic violence that partners with agencies in the areas of domestic violence, mental health, Veteran affairs, homeless services, and other social service agencies to provide temporary homes for pets during their owners' time of crisis. Community members sign up to be animal caregivers, and can offer their services at a cost or for free. https://www.mybestybnb.com/

These programs appear to be successful in meeting the need for temporary animal care, however there have not been formal evaluations of the implementation or outcomes of these programs beyond measuring reunification rates between animals and their owners. Other programs provide temporary animal foster care without a specific focus on behavioral health, including:

- The Bond Between, located in Minnesota, provides temporary foster care for pets due to personal emergencies or unforeseen life circumstances (e.g., medical emergency, survivors of domestic violence, people facing housing insecurity). https://www.thebondbetween.org/respite
- Paws for Hope's No Pet Left Behind crisis foster care program, located in British Columbia, provides temporary safe care for pets of individuals who are in crisis (including escaping violence, needing behavioral health treatment). https://www.pawsforhope.org/what-we-do/no-pet-left-behind/
- PACT for Animals, is a national program that provides temporary animal foster care for Veterans, hospital patients and military personnel. https://pactforanimals.org/
- Pets Are Wonderful Support (PAWS) is a San Francisco, CA based program that provides emergency pet foster care and assistance with pet food, veterinary services, and in-home services to help older adults and adults with illnesses and disabilities care for their animal companions. https://www.shanti.org/programs-services/pets-are-wonderful-support/

Finally, there are programs that provide assistance with veterinary care and, in some cases, temporary animal boarding/fostering, for clients experiencing homelessness who are staying in shelters. For example, Kern County has a pet assistance program for people experiencing homelessness that includes board and care for pets while clients are in shelters (where pets are not allowed) or for brief periods of time such as during the time the client needs to attend a doctor's appointment (personal communication from 2024 CalMHSA conference).

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) Does offering temporary animal care for individuals with mental health and/or substance use challenges who have assistance animals or companion animals:
    a) **increase engagement in higher levels of care** for individuals who otherwise would not have engaged?
    b) **improve housing retention** for individuals who are at risk of losing housing?
    c) **improve indicators of recovery**, including recovery time, mental wellness indicators, and substance use indicators?

    Reason: This learning goal focuses on program outcomes. While there is a clearly identified need for this project, this project provides an opportunity to examine the changes that individuals who receive this type of service experience in key areas related to behavioral health treatment and housing.

2) Does providing **peer-to-peer services** impact client engagement in the program?

    Reason: It is a hypothesis of this project that having peers as the animal caregivers will promote a positive experience for the program clients. We seek to understand the perspectives of both the project clients and the peer volunteers on the role of peer-to-peer services in how the program engages and supports clients.

3) What are the **essential elements** of the project that could be scaled or replicated?

    Reason: This project is the first of its kind in offering animal care for behavioral health clients that is client-centered, recovery-oriented, integrated, and provided by peers. If successful, there is the potential for other counties to implement similar programs. There is ample opportunity to learn from an implementation and outcome evaluation about the elements of the program that must be in place for it to be successful, and the elements of the program that are easier and more challenging to execute. This information can be used to consolidate lessons learned and tips for other jurisdictions.

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
• The success rate of client-animal reunification for clients living with serious mental illness	• Offering temporary animal foster care to clients who need care to support their recovery	1. Does offering temporary animal care for individuals with mental health and/or substance use challenges

• Effects of temporary pet care on engagement in treatment • Effects of temporary pet care on the behavioral wellness of participants • Effects of temporary pet care on housing retention	• Offering temporary in-home animal care support to clients who need care to support their recovery	who have assistance animals or companion animals: a) **increase engagement in higher levels of care** for individuals who otherwise would not have engaged? b) **improve housing retention** for individuals who are at risk of losing housing? c) **improve indicators of recovery**, including recovery time, mental wellness indicators, and substance use indicators?
• Using peer services in a way that has not been tried and tested before	• Recruitment and training for peer volunteers to serve as animal foster homes • Provision of peer supervision for peer volunteers • Peer specialist role to support the client during the time their animal is in foster care	2. Does providing **peer-to-peer services** impact client engagement in the program?
• What support services individuals in recovery needs to ensure the health and safety of themselves and their animal in the long term	• Opportunity to pilot program with small number of clients, then expand based on evaluation • Opportunities to define the program model through implementation and outcome evaluation	3. What are the **essential elements** of the project that could be scaled or replicated?

EVALUATION OR LEARNING PLAN

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

An independent evaluation consultant will be contracted and monitored by the MHSA Manager in collaboration with the BHRS program monitor to formally evaluate the innovation project. The following depicts a rough evaluation plan given that the consultant will be hired after the project is approved.

Learning Goal	Potential Measures	Potential Data Sources
1. Does offering temporary animal care for individuals with mental health and/or substance use challenges who have assistance animals or companion animals: a) increase engagement in higher levels of care for individuals who otherwise would not have engaged? b) improve housing retention for individuals who are at risk of losing housing? c) improve indicators of recovery, including recovery time, mental wellness indicators, and substance use indicators?	<u>Engagement in treatment</u> ✓ Number of clients with animals who receive a higher level of care and report that they otherwise would not have <u>Housing retention</u> ✓ Number/percent of clients receiving animal foster care who return to their housing after treatment ✓ Number/percent of clients receiving in-home animal care support who maintain their housing <u>Recovery</u> ✓ Number/percent of clients who are reunited with their animal after being in higher level of care ✓ Number/percent of clients who receive a higher level of SUD care Number/percent of clients who receive a higher level of mental health care	✓ Program data ✓ Data from client's treatment team (FSP/PSH) ✓ Client interviews ✓ Program staff and volunteer interviews Interviews with members of program clients' treatment teams
2. Does providing peer-to-peer services impact client engagement in the program?	Self-reported client satisfaction with peer specialists and PACs	✓ Client interviews Program staff and volunteer interviews
3. What are the essential elements of the project that could be scaled or replicated?	Self-reported most useful components	✓ Client interviews ✓ Program staff and volunteer interviews Interviews with members of program clients' treatment teams

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

COMMUNITY PROGRAM PLANNING

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

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. One of San Mateo County's current MHSA Three-Year Plan Strategy Recommendations includes to *provide housing maintenance and peer supports including case management, wraparound services, hoarding resources, and specialized services for older adults and other vulnerable communities*. The Animal Care for Client Housing Stability and Wellness addresses this priority. Appendix 1 describes the Three-Year Plan CPP process and Appendix 2 includes the MHSA Strategy Recommendations for San Mateo County.

Additionally, BHRS conducted a participatory process to gather a broad solicitation of innovation ideas. The proposed project was identified in the 2022 MHSA Innovation (INN) stakeholder submission process and is being brought forward for the current round of INN funding as the County transitions to the BHSA.

<u>Initial INN Idea Solicitation Process in 2022</u>

- ✓ 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.
- ✓ 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 that were ultimately approved by the MHSOAC and are currently being implemented.

✓ The current project was not selected at that time; BHRS informed proposers that the idea might be revisited in the future if additional funding became available.

2024 INN Idea Selection Process

✓ With the availability of funding for new INN projects to be approved in the current fiscal year, BHRS sought to identify potential INN projects from its 2022 idea submission round that would meet current needs and align with the priorities of the BHSA.

✓ BHRS staff reviewed the 14 ideas that had been pre-screened in 2022 against the Innovation requirements. In order to prioritize INN projects that could be sustained under the BHSA, staff screened the 14 ideas to identify projects that included treatment/recovery and/or early intervention services. Most project ideas were in the area of prevention; five ideas included components of early intervention, treatment, and/or recovery.

✓ BHRS conducted an internal feasibility review of the five projects, and determined to move forward with two of the INN proposals based on BHRS capacity and priorities for the BHSA transition. In addition, BHRS decided to move forward with two multi-county collaborative INN projects.

✓ On September 5, 2024, the MHSA Steering Committee met to review the two community-derived INN ideas, and the two multi-county collaborative projects, and provide comment and considerations for the projects through breakout room discussions and online comment forms.

✓ *[This section to be updated after closing of the public comment process] The Behavioral Health Commission voted to open the 30-day public comment period on October 2, 2024 and reviewed comments during the public hearing and closing of the public comment period on November 6, 2024. [Substantive comments received are summarized in Appendix 3/No other substantive comments were received]. All comments and letters of support are included in Appendix 3.*

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and

references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) **Community Collaboration**. This project will require collaboration between clients and providers and will include service providers, and families in assessing the need, interest and willingness to work with a peer animal caregiver. The program staff will also work collaboratively with BHRS, treatment providers, and community behavioral health and social service providers, to utilize additional and unique supports that will enable clients to support their recovery and maintain their housing in the most successful and independent manner possible.

B) **Cultural Competency**. The program will be sensitive to clients' backgrounds, culture, and language by recruiting and matching peer volunteers to clients based on race/ethnicity and language as much as possible. If not possible to match the animal caregiver to the language spoken by the client, interpretation services will be provided to support communication. Staff and volunteers will receive orientations and refresher trainings on cultural sensitivity and cultural humility, particularly as it may relate to cultural differences in communication and personal space when a worker is providing in-home services.

C) **Client/Family-Driven**. Client preference will be paramount throughout – clients will determine if they want to enroll in the program, and they will have a voice in choosing the peer volunteer who provides animal fostering and/or in-home animal care services. They will have opportunities to be in contact with a peer specialist during the time they are receiving program services, and the peer specialist will advocate for the client's needs.

D) **Wellness, Recovery, and Resilience-Focused**. Individuals who have animal relationships at the time when they experience instability in their wellness have bonds with their animals. Preserving and sustaining those relationships has an important role in recovery, hope, and resiliency. It is possible that this animal-human relationship is the most important strength for the client, providing a foundation for recovery. The program is intended to help clients maintain stable housing, which is critically important to recovery and wellness. With less risk and worry about losing housing, the program will support clients' capacity to continue focusing on their recovery and wellness goals.

E) **Integrated Service Experience for Clients and Families**. The program will conduct outreach and collaboration, and referrals and linkages, with existing BHRS and contracted providers in the community to bring clients into the program. Peer specialists will be assigned to each client to help ensure a seamless intake and enrollment process, and will be able to communicate with the client's treatment team to share updates on the services clients are receiving in the program. If needed, the program will also refer clients to other animal care resources outside of the program.

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 equitable access to services among racial/ethnic, cultural, and linguistic populations or communities. The quarterly reports will be used to inform and adjust as needed the direction, outreach strategies and activities.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

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

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

If the evaluation indicates that the proposed project is successful and an effective means of supporting clients living with mental health and/or substance use challenges with maintaining their recovery and their housing, BHSA funding can be an option for sustainability, a proposal of continuation would be brought to the BHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to possibly secure ongoing BHSA Behavioral Health Services and Supports funding.

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

BHSA Transition Questions	Response
How does the proposal align with the BHSA reform?	The project focuses on housing interventions and recovery supports for the "most ill and vulnerable" population.
Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?	Yes, the project will remove barriers to maintaining housing for individuals who are at risk of eviction.
Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?	No

Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?	Yes, the project will serve individuals who are enrolled in FSPs that may need added supports during a functional decline in their health or may need a higher level of temporary treatment (e.g., residential setting, hospitalization) but decline due to a lack of animal care.
How will the County continue the project, or components of the project, after its completion without the ability to utilize certain components of MHSA funding for sustainability?	The pilot project will include a deliverable to develop a sustainability plan that is vetted and informed by an established advisory group for the pilot term. The goal of the plan will be to leverage diversified funding for ongoing sustainability of the program including opportunities for Medi-Cal billing if approved, as a CalAim Community Support or through Housing Interventions. If DHCS does not allow pet-related supports as part of Housing Intervention funds, then Behavioral Health Services and Supports funds can be used. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. If the innovation evaluation indicates that the proposed project is successful and an effective means of supporting clients living with SMI and/or SUD with their recovery goals, high-level treatment needs and accessing and maintaining their housing, a proposal of continuation would be brought to the BHSA Community Program Planning process.
How does the project assist the county's transition to the behavioral health reform?	BHSA expands and increases the types of support available to the most vulnerable and at-risk individuals. The project removes a barrier to care that will enable the most vulnerable clients to engage in needed services including FSPs, higher levels of treatment as needed, and to remain housed.

COMMUNICATION AND DISSEMINATION PLAN

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

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

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

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

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

Opportunities to present at statewide conferences will also be sought.

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

1. Animal companionship
2. Animal foster care
3. Pet foster care
4. Pets and behavioral health
5. Pets and housing

TIMELINE

A) Specify the expected start date and end date of your INN Project: July 1, 2025 – June 30, 2029

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 2025	• BHRS Administrative startup activities – procurement and contract negotiations
July-Dec 2025	• Hire and train staff • Hire and train peer volunteers • Convene project advisory board • Develop client intake and follow-up forms • Set up infrastructure for implementation/ evaluation and referral system and resources • Evaluator to meet with contractor and BHRS staff to discuss evaluation plan and tools • Begin enrolling clients to start in January
Jan-Mar 2026	• Begin services to clients • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Apr-Jun 2026	• Continue services to clients

	• 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 • Based on first 6 months evaluation, determine whether and how to expand the program target population and number of clients served
Jul-Sept 2026	• Expand and continue services to clients • Data tracking and collection
Oct-Dec 2026	• Continue services to clients • Data tracking and collection
Jan-Mar 2027	• Continue services to clients • Data tracking and collection • Sustainability planning begins
Apr-Jun 2027	• Continue services to clients • 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 2027	• Continue services to clients • Initial sustainability plan presented, begin exploring options for sustainability • Engage BHSA Steering Committee and the Behavioral Health Commission through BHSA Community Program Planning (CPP) process on the possibility of continuation with BHSA Behavioral Health Services and Supports funds.
Oct-Dec 2027	• Continue services to clients • Data tracking and collection
Jan-Mar 2028	• Continue services to clients • Data tracking and collection
Apr-Jun 2028	• Continue services to clients • 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 2028	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2028 • 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 **$930,000**, which will be allocated as follows:

Service Contract: $750,000	**Evaluation: $100,000**	**BHRS Administration: $80,000**
· $250,000 for FY 25/26 · $250,000 for FY 26/27 · $250,000 for FY 27/28	· $35,000 for FY 25/26 · $25,000 for FY 26/27 · $25,000 for FY 27/28 · $15,000 For FY 28/29 (6mths)	· $10,000 for FY 24/25 (6 mths) · $25,000 for FY 25/26 · $20,000 for FY 26/27 · $20,000 for FY 27/28 · $5,000 FY 28/29 (6 mths)

Direct Costs will total $750,000 over a three-year term and includes all contractor expenses related to delivering the program services (salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total $180,000

- $100,000 for an independent evaluation contract to develop all annual reports and the final report due by December 31, 2029. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $80,000 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 initial anticipated FFP. Opportunities for Medi-Cal billing if approved (as a CalAim Community Support or through Housing Interventions) will be pursued.

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

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs	$10,000	$25,000	$20,000	$20,000	$5,000	**$80,000**
4.	**Total Personnel Costs**	**$10,000**	**$25,000**	**$20,000**	**$20,000**	**$5,000**	**$ 80,000**
	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		$250,000	$250,000	$250,000		**$750,000**
12.	Indirect Costs		$35,000	$25,000	$25,000	$15,000	**$100,000**
13.	**Total Consultant Costs**		**$285,000**	**$275,000**	**$275,000**	**$15,000**	**$850,000**
	OTHER EXPENDITURES (please explain in budget narrative)						
14.							
15.							
16.	**Total Other Expenditures**						**$**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$**
	Direct Costs (add lines 2, 5, and 11 from above)		$250,000	$250,000	$250,000		**$750,000**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$10,000**	$60,000	$45,000	$45,000	$20,000	**$180,000**
	Non-recurring costs (total of line 10)						**$**
	Other Expenditures (total of line 16)						**$**
	TOTAL INNOVATION BUDGET	**$10,000**	**$310,000**	**$295,000**	**$295,000**	**$20,000**	**$930,000**

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

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Innovative MHSA Funds	$10,000	$275,000	$270,000	$270,000	$5,000	$830,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Administration**	**$10,000**	**$275,000**	**$270,000**	**$270,000**	**$5,000**	**$830,000**
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Innovative MHSA Funds		$35,000	$25,000	$25,000	$15,000	$100,000
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	**Total Proposed Evaluation**		**$35,000**	**$25,000**	**$25,000**	**$15,000**	**$100,000**
TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28**	**FY 28/29**	**TOTAL**
1.	Innovative MHSA Funds*	$10,000	$310,000	$295,000	$295,000	$20,000	**$930,000**
2.	Federal Financial Participation						**$**
3.	1991 Realignment						**$**
4.	Behavioral Health Subaccount						**$**
5.	Other funding**						**$**
6.	**Total Proposed Expenditures**	**$10,000**	**$310,000**	**$295,000**	**$295,000**	**$20,000**	**$930,000**
*** 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. MHSA Three-Year Plan, 2020-2023
Community Program Planning (CPP) Process

The MHSA Three-Year Program and Expenditure Plan is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. In November 2022, 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 representing geographical, ethnic, cultural and social economic status, providers of behavioral health care services, social services and other sectors across various means of providing input (surveys, input sessions, public comments). Planning was led by the MHSA Manager, Behavioral Health Commission MHSA Co-Chairpersons, an MHSA Three-Year Plan Workgroup and the MHSA Steering Committee. A draft CPP process was provided to the Behavioral Health Commission (BHC) and the MHSA Steering Committee in December 2022. Stakeholders provided input and comments on the process and what additional stakeholder groups should be engaged.

CPP FRAMEWORK

MHSA THREE-YEAR PLAN WORKGROUP

Between November and January 2023, a workgroup was convened made up of diverse stakeholders including clients, family members, community members and contracted service providers. The workgroup met monthly with the goal of co-designing an MHSA 3- Year Plan Community Program Planning (CPP) process that is equitable, inclusive and honors and centers the voices of marginalized communities. The objectives of each meeting included the following:

- Review and advise on data needed to support a comprehensive needs assessment
- Advise on the community input process and community engagement best practices, to ensure it is inclusive of all vulnerable communities
- Support opportunities for all San Mateo County community members to provide input

The MHSA Three-Year Plan Workgroup guided and informed the process each step of the way:

1. Needs Assessment
    - Informed Data Collection resources
    - Advised on the Community Survey structure
2. Strategy Development
    - Informed Community Input Sessions strategy
    - Advised on the creation of a Facilitator Training for stakeholders to support input sessions
    - Facilitated Community Input sessions
3. MHSA Three-Year Plan Development
    - Reviewed the Recommended Strategies for accuracy

COMMUNITY PROGRAM PLANNING PROCESS

1. Needs Assessment – this phase of the CPP process included the following two steps:
    - ✓ Data Review: Over 30 local plans, assessments, evaluation reports, and data were reviewed to identify prominent mental health and substance use needs reported across service sectors and the community. All of the concerns identified in the needs assessment review were categorized into the following 8 areas of need.
        i. **Access to Services** - this category captures the needs of diverse cultures and identities (race/ethnicity, LGBTQIA+, veteran status, age) related to accessing mental health and substance use services, including knowledge and education and culturally responsive approaches to engaging communities.
        ii. **Behavioral Health Workforce** - this category captures the needs related to recruiting, developing, supporting and maintaining a sufficient workforce to address the needs and the diversity of the community. This includes supporting individuals with lived experience as clients and/or family members of clients of mental health and substance use services to join the workforce and support all services and programming.

iii. **Crisis Continuum** - this category captures needs related to mental health and substance use crisis response, as well as appropriate community-based supports and stabilization during and after a crisis.

iv. **Housing Continuum** - this category captures the housing needs for individuals living with mental health challenges ranging from assisted living facilities to having access to permanent supportive housing, to early assessment of risk of homelessness and culturally responsive approaches and support with locating and maintaining housing.

v. **Substance Use Challenges** - this category captures the increasing need for substance use services and supports that are accessible, integrated and coordinated with mental health services.

vi. **Quality of Client Care** - this category captures the needs of clients that are in treatment for mental health and/or substance use challenges to have timely access to care when needed, are successfully connected to services after an emergency and receive culturally responsive approaches to their treatment.

vii. **Youth Needs** - this category is age-based and captures mental health and substance use challenges for school to transition-age youth ages 6-25, it includes recent data for adolescent suicides, juvenile justice involvement, school-based and on-campus supports.

viii. **Adult/Older Adult Needs** - this category is age-based and captures mental health and substance use challenges for adults and older adults, it includes recent data related to increasing complexity of needs, general poor mental health outcomes, and suicide prevention needs.

✓ Community Survey: The identified needs from the review of local plans and data were included in an online survey that was distributed broadly to individuals living or working in San Mateo County. The survey asked respondents to share any additional concerns related to mental health and/or substance. Additionally, the survey requested that respondents rank the 8 areas of need in order of importance.

There were 129 survey respondents to the survey, the Needs Assessment summary of results were presented to the MHSA Steering Committee on February 2, 2023, to launch the Strategy Development phase.

2. Strategy Development – this phase of the CPP process included the following two steps:

✓ Community Input: 31 community input sessions and key interviews with diverse groups and vulnerable populations (immigrant families, veterans and transition-age youth) were conducted. Based on advice from the MHSA Three-Year Plan Workgroup, groups were asked to select 1 of the 8 areas of need to brainstorm strategies in the areas of prevention, direct service and workforce supports.* Participants were asked what possible solutions (services, programs, infrastructure, etc.) would they recommend to address the need they selected. See Appendix 2. for the full list of Strategy Recommendations.

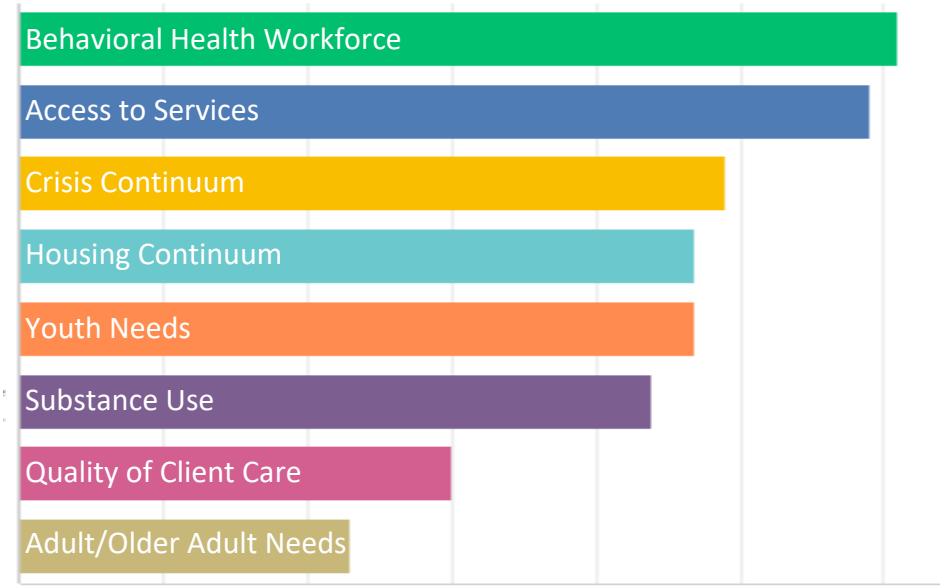
** As part of a simultaneous process to develop the MHSA 3-Year Workforce Education and Training (WET) Plan, 5 additional sessions were conducted to brainstorm around Behavioral Health Workforce strategies with the Diversity and Equity Council, Lived Experience and Education Workgroup, Alcohol and Other Drugs' Contracted Providers and BHRS Adult and Youth Leadership Teams.*

✓ Prioritization: To support the prioritization of strategies, participants were also asked: If you had to select one strategy to focus on over the next 3 years, which would you prioritize? Qualitative data analysis of all input received was conducted to identify the top strategy recommendations and key themes to present to the MHSA Steering Committee on May 4, 2023. Over 1,000 strategy ideas were shared via the Community Input sessions. This was narrowed down to 70 Strategy Recommendations across the 8 areas of need; strategies were included in this list if they were the top prioritized strategy by an input session group, they were repeated across input sessions, and for the areas of need that weren't selected as often by community groups (i.e., crisis continuum, substance use challenges, quality of client care and adult/older adult needs) all strategies that received a prioritization vote during in the input sessions were included.

Additionally, three key themes emerged from the input sessions overall, these strategies were brought up in virtually all input session: 1) Increase community awareness and education about behavioral health topics, resources and services; 2) Embed peer and family supports into all behavioral health services; 3) Implement culturally responsive approaches that are data-driven to address existing inequities. The idea is to incorporate these components into EVERY prioritized strategy moving forward.

The key themes and 70 Strategy Recommendations, Appendix 2., were presented to the MHSA Steering Committee on May 4th along with pre-recorded stakeholder video testimonials for each of the 8 areas of need and with an opportunity for additional public comments from meeting participants. Following the meeting the MHSA Steering Committee members were asked, via an online survey, to rank the 8 areas of need and help narrow down the scope of MHSA resources (both funding and planning) over the next three years. Given this prioritization, the areas of focus for the next three years will include Behavioral Health Workforce, Access to Services and addressing gaps in the Crisis Continuum. The MHSA Steering Committee was then asked in a follow-up survey to select their top Strategy Recommendations for each of the three prioritized areas of focus.

MHSA Steering Committee
Part 1 Survey Results – Areas of Need Prioritization:



3. MHSA Three-Year Plan – this phase of the CPP process includes the development of the plan, the 30-day public comment period and public hearing hosted by the Behavioral Health Commission (BHC) and the subsequent approval by the Board of Supervisors.

   - ✓ 30-Day Public Comment: The BHC voted to open a 30-day public comment period on June 7, 2023 and held a Public Hearing on July 5, 2023.
   - ✓ Board of Supervisor Approval: The BHC also voted to submit the MHSA Three-Year Plan to the Board of Supervisors for approval after the closing of the public comment period on July 7, 2023.

   This MHSA Three-Year Plan includes new funding allocations for the prioritized strategy recommendations, proposed funding allocations for other areas of need and strategy ideas that were identified; if there is an opportunity to leverage other efforts, initiatives, and/or external funding. The MHSA Three-Year Plan also builds on previous priorities. Funding and implementation for recommendations from the FY 20-21 Housing Taskforce and the Full Service Partnership (FSP) Workgroups will continue. See the Housing and FSP Workgroup priorities section.

   Additionally, The MHSA Three-Year Plan includes ongoing funding allocations for existing MHSA-funded programs. These programs are monitored, evaluated and adjusted as needed during the MHSA Three-Year Plan implementation years and recommendations are made annually about continuing, adjusting and/or ending a program. Changes to existing programs and services are included in subsequent Annual Updates, which involve stakeholder input, the MHSA Steering Committee and the BHC 30-day public comment period. Agencies selected to provide MHSA-funded services go through a formal Request for Proposal (RFP) process to ensure an open and competitive process to funding opportunities. The RFPs are posted on the BHRS RFP website, www.smchealth.org/rfps, which includes a subscription option to receive notifications.

MHSA THREE-YEAR PLAN STAKEHOLDER INPUT

Extensive outreach was conducted to promote the MHSA Three-Year Plan Workgroup participation opportunity, the Facilitator Training opportunity, the MHSA Steering Committee meetings, and the Community Input sessions. Flyers were made available in English, Spanish, and Chinese. Stipends to consumers/clients and their family members and language interpretation were offered at every meeting, childcare for families and refreshments were offered for in-person meetings.

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, 11 committees/workgroups, 3 geographically-focused collaboratives (Coastside, East Palo Alto and North County) and 3 stakeholder group key interviews of transition-age youth, immigrant families and veterans. The majority of the meetings were conducted online. Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments).

Input Session conducted

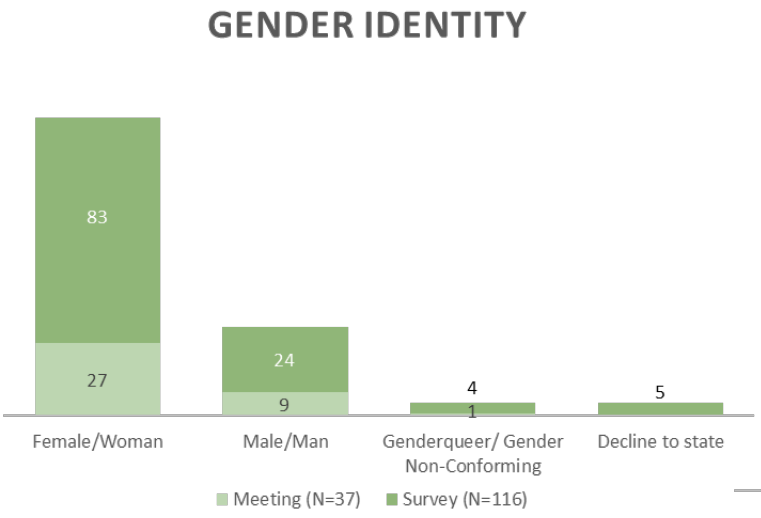
Date	Stakeholder Group	Input Session Topics
	MHSA Steering Committee	
2/2/23	4 Breakout Groups	Access to Services; Behavioral Health Workforce; Housing Continuum; Crisis Continuum
	Health Equity Initiatives	
2/3/23	Chinese Health Initiative	Access to Services
2/7/23	Pacific Islander Initiative	Youth Needs
2/8/23	Pride Initiative	Housing Continuum
2/14/23	African American Community Initiative	Quality of Client Care
2/14/23	Spirituality Initiative	Adult/Older Adult Needs
2/16/23	Native American and Indigenous Peoples Initiative	Quality of Client Care
2/16/23	Filipino Mental Health Initiative	Access to Services
2/28/23	Latino Collaborative	Access to Services
	Community Collaboratives	
2/10/23	North County Outreach Collaborative	Behavioral Health Workforce
2/16/23	East Palo Alto Behavioral Health Advisory	Behavioral Health Workforce
2/22/23	Coastside Collaborative	Access to Services
3/9/23	East Palo Alto Community Collaborative	Access to Services
	Peer Recovery Collaborative	
2/6/23	California Clubhouse/Heart & Soul	Housing Continuum
2/7/23	Voices of Recovery	Substance Use Challenges
	Behavioral Health Commission (BHC)	
2/1/23	BHC Older Adult Committee	Adult/Older Adult Needs

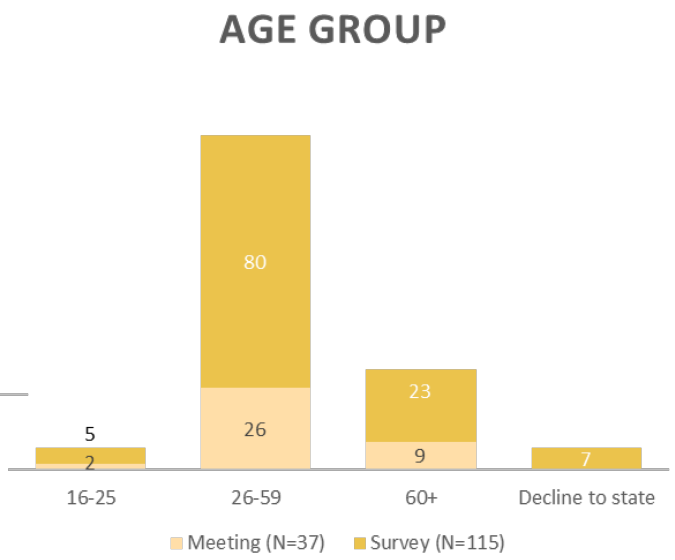
2/15/23	BHC Child and Youth Committee (3 Breakout Groups)	Youth Needs
2/15/23	BHC Adult Committee	Housing Continuum
2/21/23	BHC Alcohol and Other Drugs Committee	Substance Use Challenges
	Other Committees/Groups	
2/9/23	Housing Operations Committee	Housing Continuum
2/7/23	Lived Experience Education Workgroup	Housing Continuum
2/16/23	Contractors Association	Behavioral Health Workforce
2/20/23	Solutions for Supportive Housing	Housing Continuum
2/24/23	School Wellness Counselors	Youth Needs
2/14/23	BHRS Youth Leadership	Crisis Continuum
	Workforce Education & Training 3-Year Plan	
3/3/23	Diversity and Equity Council	Behavioral Health Workforce
3/2/23	Alcohol and Other Drug Providers	Behavioral Health Workforce
3/8/23	BHRS Adult Leadership	Behavioral Health Workforce
2/28/23	BHRS Youth Leadership	Behavioral Health Workforce
3/7/23	Lived Experience Education Workgroup	Behavioral Health Workforce
Key interviews conducted:		
Immigrant Families, Transition Age Youth, Veterans		Youth Needs; Access to Services

Demographics of participants

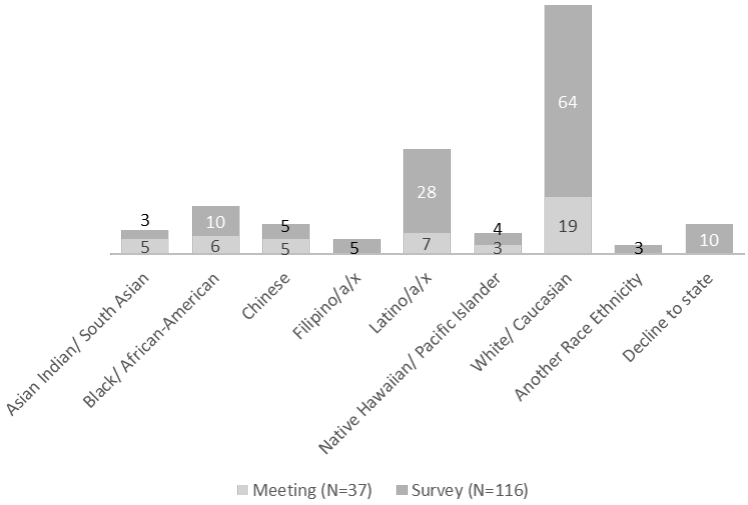
Demographic data was not collected from all 31 Community Input Sessions. 35 client and family members received stipends for participating in these sessions.

Demographics were collected for 129 survey respondents and 37 participants via a Zoom Poll feature during the two MHSA Steering Committee meetings focused on the MHSA Three-Year Plan Community Program Planning process.

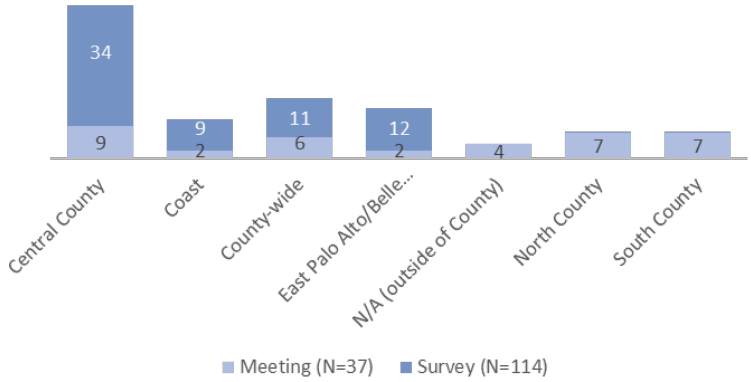




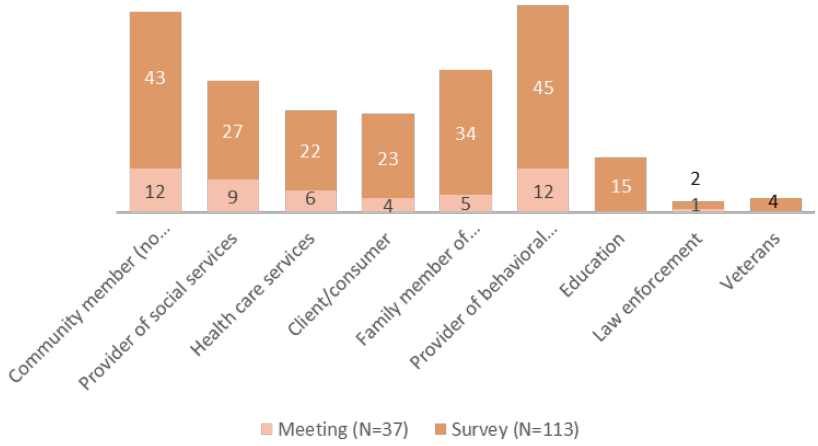
RACE/ETHNICITY



AREA OF COUNTY REPRESENTED



STAKEHOLDER GROUP



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Appendix 2. MHSA Three-Year Plan Strategy Recommendations

FY 23-24 to FY 25-26

30+ community input sessions and key interviews were conducted to brainstorm strategies to address San Mateo County behavioral health needs. The MHSA Steering Committee will be voting to prioritize across the Identified Needs and across the Strategy Recommendations. This prioritization will inform the allocation of resources over the next three-years. Across all community input sessions, three core themes emerged. These components will be incorporated into EVERY prioritized strategy:

1. **Increase community awareness** and education about behavioral health topics, resources and services
2. **Embed peer and family supports** into all behavioral health services
3. **Implement culturally responsive** approaches to address existing inequities that are data-driven

Direct Services & Supports / Prevention Early Intervention

Identified Needs	Strategy Recommendations
Access to Services	1. Coordinate behavioral health services for cultural and ethnic communities (centralize services, outreach and education for the Chinese community, hire bilingual/bicultural peer staff, etc.).
	2. Expand drop-in behavioral health services that includes access to wrap around services for youth.
	3. Provide school-based behavioral health services starting in elementary and middle school; include early diagnosis and assessment at high school grade level.
	4. Co-locate prevention services (support groups, programs, workshops, etc.) in community settings such as faith-based organizations, core-service agencies, community spaces, etc.
	5. Conduct racial equity analysis of BHRS policies and procedures to identify barriers to accessing care; include service utilization and staff capacity data.
	6. Expand services for older adults focused on addressing isolation, peer support, social engagement and intergenerational work.
	7. Expand the Health Ambassador Program to include diverse languages/cultures and subject expertise (substance use, justice involved, unhoused, human trafficking, etc.)
	8. Expand outreach partnerships to include increased mild-to-moderate services, faith-based organizations and veteran engagement.
	9. Promote volunteerism to increase social engagement and community cohesion.

Recruitment & Retention Strategies

Identified Need	Strategy Recommendations
Behavioral Health Workforce	1. Create a pipeline program focused on increasing Asian American and African American behavioral health staff, develop partnerships with local and neighboring academic and non-academic programs.
	2. Create more entry level positions and internships for students of diverse backgrounds; streamline hiring processes (e.g., onboarding and process to hire interns).
	3. Target recruitment activities to reach black, indigenous, people of color (BIPOC) communities (e.g., partner with BIPOC-focused communities and student organizations and networks).
	4. Implement recruitment and retention financial incentives such as retention bonuses, signing bonuses, educational loan repayment for staff and contracted providers.
	5. Examine and adjust caseload size and balance, particularly for bilingual staff.
	6. Expand type, flexibility, and access to staff wellness and engagement opportunities (e.g., appreciation, healing activities, mentoring, behavioral health supports, networking events).
	7. Explore opportunities for alternative and flexible schedules and remote work.
	8. Implement supports for direct service staff, including peers, to advance in their careers, specifically BIPOC staff (e.g., scholarships to pursue licensure/credentials, mentorship).
	9. Invest in support, retention and leadership development of peer and family support workers (training, fair compensation, career ladders, flexible hours, and mentorship).
	10. Address extra help and contracted positions, especially for those that interface with the community.
	11. Research, plan, and implement compensation and benefits that are aligned with competing agencies and neighboring counties (e.g., salaries, cost of living, retirement plans, housing vouchers).

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Crisis Continuum	1. Create stabilization unit(s) and dedicated teams.
	2. Expand step-down from hospitalization facilities, programs and teams (e.g., respite centers).
	3. Create a youth crisis residential in the County.
	4. Expand intensive outpatient services (extended Intensive Outpatient Programs for youth, day treatment programs, detox centers, etc.).
	5. Provide respite care and language-appropriate navigation supports for parents with children who experience a behavioral health crisis (5150, psychiatric emergency services, hospitalization, etc.).
	6. Expand non-armed 24/7 mobile mental health crisis response to serve the entire community.
	7. Expand drop-in centers for individuals that struggle with mental health and/or substance use.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Housing Continuum	1. Expand clinicians available to the Homeless Engagement Assessment Linkage team (a field-based outreach, engagement and intervention services).
	2. Expand supportive housing slots for individuals living with mental health and substance use challenges that do not require homelessness as an eligibility requirement.
	3. Provide housing maintenance and peer supports including case management, wrap around services, hoarding resources, and specialized services for older adults and other vulnerable communities.
	4. Develop a comprehensive housing database that includes real time waitlist times and availability.
	5. Incentivize board and cares (streamline the application process, reduce/subsidize licensing costs, etc.).
	6. Provide housing navigation and locator resources; include re-entry supports, bilingual peer supports, streamlined case management, simplified housing application and subsidized fees.
	7. Provide supports for section 8 housing including funding, vouchers, and training to landlords.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Substance Use Challenges	1. Create integrated services for complex needs including individuals with dual diagnosis or co-occurring mental health and substance use needs.
	2. Create longer-term sober living arrangements.
	3. Expand non-medication supports for individuals with addiction.
	4. Expand recovery-focused drop-in centers.
	5. Expand resources for reunification (support for parents, how to talk/interact with their children, etc.).
	6. Provide access to Narcan for clients and family members.
	7. Provide family-centered recovery supports that includes child care at every stage.
	8. Address intergenerational trauma in recovery and treatment.
	9. Expand early intervention resources for addiction.
	10. Provide education about substance use prevention starting in elementary school (how to say no, healthy boundaries, etc.).

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Quality of Client Care	1. Provide ongoing resource navigation and peer support in crisis situations.
	2. Create client centered services (meet people where they are, provide virtual/in-person, services in their language, flexible hours, etc.).
	3. Implement best practice sharing across BHRS clinics, including integrated services and identification of supports that can be offered across the county.
	4. Develop a streamlined BHRS intake process across the network of care.
	5. Develop partnerships for substance use referrals for clients with Access and Care for Everyone (ACE).
	6. Develop partnerships with indigenous community spaces and cultural healers.
	7. Address Adverse Childhood Experiences, Social Determinants of Health, and intergenerational trauma.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Adult/Older Adult Needs	1. Create internal processes to regularly review utilization and outcome data to inform responsive services for older adults.
	2. Create partnership between the County and Veterans Administration to increase supports for veterans (integration with primary care services, resources for women veterans on sexual assault, suicide prevention for veterans, etc).
	3. Expand capacity for neuropsychological evaluation and diagnosis.
	4. Expand in-home hoarding supports (linkages to services, case management, specialized therapy, decluttering, etc.)
	5. Expand services for individuals with complex needs; develop partnerships with organizations that can support complex client needs.
	6. Expand the OASIS team peer specialist' support for older adults, caregivers and family members.
	7. Develop an outreach and communication strategy on behavioral health and wellness in multiple languages; leverage existing networks (SMC Alert, neighborhood CERTs, etc.).
	8. Expand culturally relevant suicide prevention strategies.
	9. Expand prevention services to older adults prior to complications; develop partnerships with organizations that can provide these services.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Youth Needs	1. Address gaps in the crisis continuum for youth (increase 5150 beds, language capacity, expand non-law enforcement response, stabilization unit, crisis residential, etc.).
	2. Expand school-based behavioral health education and services starting in middle school that includes family therapy and peer support groups for parents, youth, and school staff.
	3. Expand school-based wellness centers.
	4. Expand afterschool-based programming.
	5. Expand availability of diverse wellness counselors and clinicians on all school campuses.
	6. Integrate wraparound services in schools, in partnership with community-based organizations.
	7. Provide Narcan in high schools (used to reverse opioid overdose).
	8. Expand Social Emotional Learning (SEL) curriculum in schools.
	9. Expand the Health Ambassador Program for both Youth and Adults; include case management and increased support for ambassador's families.