



# Be the one to help



## Mental Health Service Act (MHSA) Steering Committee

Open to the public! Join advocates, providers, clients and families to provide input on new MHSA Innovation Projects.

MHSA Steering Committee meetings are open to the public. Meeting objectives include:

- Hear the latest updates and get involved in planning for MHSA program outcomes.
- Learn about potential new MHSA Innovation projects including expansion of peer support resources, allcove youth drop-in centers and Prop.1 implementation innovations.
- Provide your input and considerations for proposed MHSA Innovation projects.

- ✓ Stipends are available for clients/families
- ✓ Language interpretation is provided as requested\*\*

\*\* To reserve language services, please contact us at [mhsa@smcgov.org](mailto:mhsa@smcgov.org) at least 2 weeks prior to the meeting.

### DATE & TIME

**Thursday, September 5, 2024**

3:00 pm – 4:30 pm

#### Hybrid Meeting:

Location: San Mateo Public Library\*, Laurel Room  
55 W 3rd Ave, San Mateo

Zoom: <https://us02web.zoom.us/j/89224214146>

Dial in: +1 669 900 6833 / Mtg ID: 892 2421 4146

#### Contact:

Doris Estremera, MHSA Manager  
(650) 573-2889 ♦ [mhsa@smcgov.org](mailto:mhsa@smcgov.org)

[www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)



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*\*The San Mateo Public Library facilities are being rented for this event. The viewpoints and materials presented at this event are not necessarily endorsed.*

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income over \$1 million.



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## AGENDA

- |  |                          |
|--|--------------------------|
| <p><b>1. Welcome &amp; Introductions</b><br/> <i>Jean Perry and Leticia Bido, BHC Commissioners &amp; MHSA Steering Committee Co-Chairpersons</i></p>  | <p>5 min</p>             |
| <p><b>2. Agenda Review &amp; Logistics</b> – <i>Doris Estremera, MHSA Manager</i></p> <ul style="list-style-type: none"> <li>• Previous meeting minutes available on the MHSA website, <a href="http://www.smchealth.org/MHSA">www.smchealth.org/MHSA</a></li> </ul>       | <p>5 min</p>             |
| <p><b>3. General Public Comment</b> – <i>Commissioner Leti</i></p> <ul style="list-style-type: none"> <li>• For non-agenda items</li> <li>• Additional public comments can also be submitted via email to <a href="mailto:mhsa@smcgov.org">mhsa@smcgov.org</a>.</li> </ul> | <p>10 min</p>            |
| <p><b>4. Announcements</b> – <i>Commissioner Jean</i></p> <ul style="list-style-type: none"> <li>• Suicide Prevention and Recovery Month</li> <li>• MHSA Program Outcomes Workgroup</li> <li>• Prop. 1 – BHSI Implementation RFP</li> </ul>                                | <p>15 min</p>            |
| <p><b>5. Innovation Projects</b> – <i>Alison Hamburg</i></p> <ul style="list-style-type: none"> <li>• Breakouts</li> </ul>   | <p>20 min<br/>30 min</p> |
| <p><b>6. Adjourn</b></p>   | <p>5 min</p>             |

**\* Public Participation:** All members of the public can offer comment at this public meeting; there will be set opportunities in the agenda to provide input. You can also submit questions and comments in the chat. If you would like to speak, please click on the icon labeled “Participants” at the bottom center of the Zoom screen then click on “Raise Hand.” The host(s) will call on you and you will unmute yourself. Please limit your questions and comments to 1-2 minutes. The meeting will be recorded. Questions and public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).

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**\*REMINDER – Please Complete the Steering Committee Feedback Survey**

[https://www.surveymonkey.com/r/MHSA\\_MtgFeedback\\_2024](https://www.surveymonkey.com/r/MHSA_MtgFeedback_2024)





# Mental Health Services Act (MHSA) Steering Committee Meeting

September 5, 2024



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## Welcome & Introductions

- Share your name, pronouns and affiliation in the chat
- MHSA Steering Committee Members:

- Jean Perry, BHC (MHSA Co-chair)
- Leticia Bido, BHC (MHSA Co-chair)
- Adriana Furuzawa, Felton Institute
- Chris Rasmussen, BHC
- Jackie Almes, Peninsula Health Care District
- Jairo Wilches, BHRS OCFA
- Jessica Ho/Dee Wu, North East Medical Services
- Juliana Fuerbringer, California Clubhouse
- Kava Tulua, One East Palo Alto
- Maria Lorente-Foresti, BHRS ODE
- Mary Bier, North County Outreach Collaborative
- Melissa Platte, Mental Health Association
- Michael Lim, BHC
- Paul Nichols, BHC
- ShaRon Heath, Voices of Recovery



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# Agenda

1. Welcome & Logistics
2. General Public Comments
3. Announcements
  - Suicide Prevention & Recovery Month
  - MHSA Outcomes Workgroup
  - Prop. 1 – BHSR Transition RFP
4. Innovation Projects – final round!



## A few logistics...

- Agenda, handouts, slides: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Announcements” tab
  - Past meeting materials/minutes: under “Steering Committee”
- Stipends for clients and family members participating
  - Via chat (private message) - please provide your email





# POLL: Demographics



## Participation Guidelines

- Question/comment opportunity after each agenda item
  - Enter questions in the chat box as we go
  - “Raise Hand” option
- Share your unique perspective and experience
- Share the airtime
- Practice both/and thinking - consider others’ ideas along with your personal interests
- Be brief and meaningful



# General Public Comment



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## Announcements

### Suicide Prevention & Recovery Month



<https://smcsuicideprevention.com/>

### Next MHSA Workgroup MHSA Program Client Outcomes kick-off in October 2024



Join the **MHSA Program Outcomes Workgroup** and help us develop meaningful indicators on the impact of MHSA.

<https://www.surveymonkey.com/r/MHSAOutcomesWorkgroup>

# Next Workgroup: Client Outcomes for Direct Treatment Programs

## Workgroup Objectives:

1. Develop a standardized framework for reporting on the outcomes of direct treatment programs.
2. Identify and define key indicators that capture behavioral health outcomes of clients in a meaningful and accessible manner.
3. Discuss strategies for improving both the data collected and reporting of key indicators.

## Dates/Times (virtual):

- October 10, 2024 / 2-3:30 PM
- November 14, 2024 / 2-3:30 PM
- December 12, 2024 / 2-3:30 PM



## Prop. 1 Update - Timeline

- **Preparation:** April – December 30, 2024
  - Statewide workgroups
  - RFP – Organizational needs assessment, planning and implementation
  - Public Health Community Health Improvement Plan – MH Workgroup
- **Transition Period:** January 1, 2025 – June 30, 2026
  - Kick-off community planning processes
  - Develop an Integrated Three-Year Plan for Fiscal Year 2026-2029
  - March-April 2026: 30-Day Public Comment Period
- **Full Implementation:** July 1, 2026
  - *Current programs funded by MHSA remain as is through June 30, 2026*



# MHSA Innovation Projects



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## Innovation (INN) Funding Opportunity

- 19 INN ideas submitted back in 2022
  - Selection Group + Feasibility Review with the State MHSOAC
  - 4 ideas moved forward + commitment to revisit if opportunities for either INN or other funding
- One last opportunity for INN prior to BHSA Transition
  - INN Criteria – ideas that meet new BHSA requirements
  - Feasibility Review – capacity to implement a new project prior to BHSA transition (2 ideas) + State MHSOAC
  - +2 additional opportunities to implement statewide approved projects



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# Public Input – Breakout Groups

- Select two INN ideas:
  1. Peer Support for Peer Workers
  2. Pet Care for Clients
  3. allcove Half Moon Bay
  4. BHSA Transition – Workforce Internships and MediCal billing for Early Intervention
- 15 min for questions and considerations: “I would like you to consider...”
  - Can also submit online via: [INN Comment Form](#)



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## Get Involved!

- **Subscribe** to stay up-to-date and receive opportunities to get involved in MHSA planning: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
- **Check out** these BHRS-wide opportunities: <https://www.smchealth.org/get-involved>

## Thank you!

Jean Perry, BHC Commissioner  
Leticia Bido, BHC Commissioner  
Doris Estremera, MHSA Manager

Email: [mhsa@smchealth.org](mailto:mhsa@smchealth.org)

Website: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)

Let us know how we can improve:

[www.surveymonkey.com/r/MHSA  
A MtgFeedback 2024](http://www.surveymonkey.com/r/MHSA_MtgFeedback_2024)



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# Mental Health Services Act (MHSA) – Innovation Project Brief

## Project: Peer Support for Peer Workers

### Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS)
- **Population Served:** Peer Support Workers
- **Total Cost: \$570,000** (\$450K service delivery, \$55K BHRS administration, \$65K evaluation)
- **Duration of Project:** 4 years (3 years of services, 6 months start-up, 6 months post eval)

### Background

San Mateo County’s MHSA Three-Year Plan and the Behavioral Health Services Act (BHSA) prioritize strategies to provide integrated, consumer and family-driven treatment and recovery supports for individuals living with mental health and substance use challenges. 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.

### The Challenge

Peer support is an evidence-based practice (EBP) that has been shown to improve outcomes and quality of life for individuals living with mental health and/or substance use challenges. In recent years, many states have expanded the peer workforce to strengthen the capacity of the behavioral health system.<sup>1</sup> With the introduction of peer certification in California, peers are now playing an integral role in the behavioral health workforce. For individuals in recovery who are navigating employment, it is important that they have strategies for integrating work, recovery, and wellness to support their ongoing employment.<sup>2</sup> While the state and counties have put in place resources for training and support for peer support workers, the support has largely focused on training peers in their role, developing leadership and career pathways, and guidance on peer certification. There are limited resources to support peers’ own mental health and recovery needs that can arise in the context of their role in the behavioral health workforce. It is essential that peers receive support to maintain their own recovery as they work with clients, as the wellbeing of the workforce translates directly to the quality of services for clients.

While the Substance Abuse and Mental Health Services Administration (SAMHSA) National Model Standards for Peer Support Certification encourages organizations to support peer workers through peer supervision and providing training on self-care, the peer workforce has unique needs that are not adequately addressed through existing supports. Stress and triggers can arise in their work that may destabilize their wellness, particularly given the unclear boundaries that peer workers sometimes

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<sup>1</sup> Issue Brief: Expanding peer support and supporting the peer workforce in mental health. (2024, June 1). SAMHSA Publications and Digital Products. <https://store.samhsa.gov/product/expanding-peer-support-peer-workforce-mental-health/pep24-01-004>

<sup>2</sup> Williams, A. E., Fossey, E., Corbière, M., Paluch, T., & Harvey, C. (2016). Work participation for people with severe mental illnesses: An integrative review of factors impacting job tenure. *Australian Occupational Therapy Journal*, 63(2), 65–85. <https://doi.org/10.1111/1440-1630.12237>



navigate in providing services to clients who may be experiencing similar challenges as the peer worker has experienced on their journey to recovery.<sup>3</sup> In addition, peer workers experience challenges related to unclear role expectations and regularly report stigma and discrimination in the workplace.<sup>4</sup> There is a further need for support post-pandemic as peer workers continue to recover from the stresses of COVID-19 and adjust to changes in job tasks (e.g., increased reliance on technology, reduction in in-person services).<sup>5</sup>

In a formal capacity, peers do not have someone outside of their supervisors to go to for support in dealing with work-related distress. While BHRS has structured two consultations per month for peer workers, these sessions often focus on trainings on their role and how to access resources for peer certification. Peers may be unlikely to discuss their own recovery with a supervisor, for fear that it may be seen as cause for concern about their ability to perform their jobs. Peers may also be unlikely to use programs designed for the mainstream workforce, such as Employee Assistance Programs if available, as they want to talk with someone who understands and relates to their experience. Peers in the workforce need a safe and supportive environment to discuss challenges at work that gives them confidentiality and autonomy in decision making regarding their mental health care supports and services. Strengthening the peer workforce with self care tools keeps the peer workforce steady and available.

## The Proposed Project

The project will fill a gap in support available to peer workers by providing on-demand peer-delivered support services for peers and family members who are in the workforce and experience work-related distress related to their role. Services will include one-on-one non-clinical support to connect and share strategies for navigating their wellness needs at work. The project will support behavioral health workforce development priorities as peers become more supported, stable and well, leading to higher job satisfaction and retention rates, better work-life balance, improvement in services provided, and a decrease in burnout, vicarious trauma, and compassion fatigue.

## Target Population

The target population will be peers and family members in the behavioral health workforce.

## Services

- On-demand non-clinical support for work-related distress that may impact a peer worker's wellness; services will be provided by peers, for peers, via one-on-one virtual sessions held in the moment that a peer worker contacts the service.
  - This non-clinical support is to provide respite before a crisis, and is not intended for crisis care.

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<sup>3</sup> Issue Brief: Expanding peer support and supporting the peer workforce in mental health. (2024, June 1).

<sup>4</sup> Issue Brief: Expanding peer support and supporting the peer workforce in mental health. (2024, June 1).

<sup>5</sup> NAMI. (2024, February 7). When trauma is triggered at work | NAMI: National Alliance on Mental Illness. NAMI. <https://www.nami.org/recovery/when-trauma-is-triggered-at-work/>



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- Services will be offered virtually during and after work hours and on weekends.
- In the event that a peer support worker needs more support than the service provides, the service would engage peers in a discussion to identify the most appropriate support (e.g., doctor, therapist).

### The Innovation

- **MHSA Innovative Project Category:** It introduces a new practice or approach to the behavioral health system
- **MHSA Primary Purpose:** Increases the quality of mental health services, including measured outcomes

An elemental concept in the MHSA is that counties develop a "...Consumer and family-driven system [in which] consumers identify their needs and preferences which lead to the programs and providers that will help them most. Their needs and preferences drive the policy and financing decisions that affect them." This includes the voice of the peers in existing BHRS committees, initiatives, and workgroups and their role as core members of the behavioral health workforce. This pilot project will provide an effective and efficient vehicle to promote this concept in San Mateo County. Peer support workers that are well and feel supported are better able to engage in behavioral health system transformation and the delivery of high-quality services that impact positive behavioral health outcomes for clients. The project will apply new understandings of how to support and sustain fidelity to peer support practices, values, and ethics that transform the culture of the organization and quality of support provided to people in recovery.

### Learning Goals

The project will serve as a "demonstration project" to study and refine a model for providing non-clinical peer support to peer workers. Through an independent evaluation, this project seeks to learn:

1. Does providing non-clinical peer support for peer workers **sustain the peer workforce**?
2. Does providing non-clinical peer support for peer workers **strengthen the quality of services** provided by peers?
3. What are the components of peer support for peer workers that are effective and could be **scaled and replicated**, including possible billable services?

### Behavioral Health Services Act (BHSA) Transition

The project aligns with the county's Prop.1 transition to BHSA by expanding a culturally-competent and well trained and supported behavioral health workforce. The project will strengthen the foundation for integrating peers in the workforce, service delivery and behavioral health reform, which will ensure high-quality delivery of new services for the most vulnerable and at-risk individuals.



<b>BHSA Transition Questions</b>	<b>Response</b>
<b>How does the proposal align with the BHSA reform?</b>	As BHSA increases a focus on treatment and housing services, having a strong peer workforce will support the delivery of high-quality services. In this way, the project will aid in transforming the behavioral health system to serve the “most ill, unsheltered, and vulnerable” populations in the county.
<b>Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?</b>	Yes, peer support workers are an integral part of the behavioral health workforce supporting unhoused individuals with housing navigation and ongoing housing maintenance. Peer workers that are supported are better able to provide high-quality services for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness.
<b>Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?</b>	No
<b>Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?</b>	Yes, FSP staffing models require peer support workers as an integral part of the treatment team. Peer workers that are supported are better able to provide high-quality services for FSP clients and their family members.



<b>BHSA Transition Questions</b>	<b>Response</b>
<p><b>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?</b></p>	<p>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 funding opportunities for behavioral health workforce initiatives, Medi-Cal billing if approved, Behavioral Health Services and Supports, and/or FSP funds (for peer support workers in these programs) 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 peer support workers and improving client care, a proposal of continuation would be brought to the BHSA Community Program Planning process.</p>
<p><b>How does the project assist the county's transition to the behavioral health reform?</b></p>	<p>BHSA prioritizes workforce initiatives that expand culturally informed and well trained and supported behavioral health workforce. The project will strengthen the foundation for integrating peers in service delivery and behavioral health reform, which will ensure high-quality delivery of new services created for the most vulnerable and at-risk individuals.</p>



# Mental Health Services Act (MHSA) – Innovation Project Brief

## Project: Animal Care for Client Housing Stability and Wellness

### Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS) and possibly Housing Interventions
- **Population Served:** Adults and Older Adult Clients
- **Total Cost:** TBD
- **Duration of Project:** 4 years (3 years of services, 6 months start-up, 6 months post evaluation)

### Background

San Mateo County's MHSA Three-Year Plan and the Behavioral Health Services Act (BHSA) prioritize strategies to strengthen the housing continuum and provide integrated treatment and recovery supports for individuals living with mental health and/or substance use challenges. The proposed project was identified in the 2022 MHSA Innovation (INN) stakeholder submission process and is being brought forward for a current round of INN funding as the County transitions to the BHSA.

### The Challenge

Companion animals (pets) and emotional assistance animals (ESAs) provide 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.<sup>1</sup> Pets and ESAs 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.<sup>2</sup> In these ways, the human-animal relationship is commonly considered a main source of support in recovery.<sup>3</sup> 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 for a person with a disability.

Individuals who have animal relationships at the time when they experience instability in their mental health and recovery journey have bonds with their animals (and likewise animals have bonds with their human). Sustaining this mutually beneficial relationship can contribute to better quality of life for individuals living with serious mental health and/or substance use challenges. Lack of animal care can be a barrier to clients' recovery by impacting health and wellness as well as housing stability, as described below.

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<sup>1</sup> SAMHSA. (2024, March 26). Recovery and Recovery Support. <https://www.samhsa.gov/find-help/recovery>

<sup>2</sup> 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>

<sup>3</sup> 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>





- **Receiving timely treatment:** Service providers have found that a reason clients with animals decline higher levels of care (e.g., residential care, 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; among individuals who are unhoused, this has been referred to as “choosing pet over place.”<sup>4</sup>
- **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.

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 pets. 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.<sup>5</sup> MHA has observed that there is a great need for pet care, as there is not enough available and affordable pet care when clients are in crisis or need treatment in a residential setting or hospitalization; 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.

San Mateo County has implemented supports for unhoused individuals with pets: pets are allowed in some shelters (about one-quarter of clients in MHA shelter have pets with them), the San Mateo County Housing Navigation Center added kennels and allows emotional support animals, and veterinary care is available for pets of clients who are unhoused.

For clients enrolled in Full Service Partnership (FSP) and/or in supportive housing settings, 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 Proposed Project

The proposed project will serve individuals 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 peers and volunteer fosters during the time their humans are experiencing need for respite care, hospitalization, criminal

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<sup>4</sup> 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>

<sup>5</sup> 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>



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. Priority will be given to fosterers who are peers. 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. The project will also provide short-term services (e.g., veterinary care, grooming, dog walking) in cases where temporary support would help clients maintain wellness and housing for themselves and their animal.

### Target Population

The project will serve adult and older adult clients living with serious mental illness (SMI) and/or substance use disorders (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 or maintaining their housing stability and wellness.

The project will begin with a pilot for a small set of clients who are enrolled in FSP services, unhoused, or living in supportive housing settings. As the project model is formalized, the target population will be expanded to include other BHRS clients.

### Services

- Assessment and referral from BHRS and its network of care providers
- Free, temporary foster care placement and services for animals
  - Veterinary care including screening, vaccination, and treatment of any issues
  - Licensing of unlicensed animals
  - Dog-walking
  - Grooming
- Human-animal visitation until reunification is possible
- Recruitment, training and support of peer fosterers
  - Recruitment and training in animal foster care
  - Training to support communication between fosterers and individuals with mental health and substance use challenges
  - Support from a certified peer specialist
- In-home assistance for individuals in supportive housing settings. Peer volunteers and veterinarians to visit various supportive housing settings throughout the county.

### The Innovation

- **MHSA Innovative Project Category:** Makes a change to an existing practice in the field of behavioral health, including but not limited to, application to a different population
- **MHSA Primary Purpose:** Increases access to behavioral health services, including but not limited to, services provided through permanent supportive housing

Other similar programs exist to provide foster homes for pets while their owners experiencing homelessness, mental illness or addiction receive urgent medical, mental health, or substance abuse treatment. The innovative components of the proposed project include:

1. Focus on FSP participants and supportive housing settings
2. Human-animal visitation
3. Training for fosterers on communicating with program clients



4. Peers as the fosterers
5. Addition of other animal support services including dog walking, grooming, etc.

### Learning Goals

Through an independent evaluation, this project seeks to learn:

1. Does offering temporary animal care for individuals with mental health and/or substance use challenges who have assistance animals or companion animals:
  - o **Increase engagement in higher level of care** for individuals who otherwise would not have engaged?
  - o **Improve housing retention** for individuals who are at risk of losing housing?
  - o **Improve indicators of recovery**, including recovery time, mental wellness indicators, and substance use indicators?
2. Does providing **peer-to-peer services** impact client engagement in the program?
3. What are the **essential elements** of the project that could be scaled or replicated?

### Behavioral Health Services Act (BHSA) Transition

The project aligns with the county's Prop. 1 transition to BHSA by expanding and increasing the types of housing stability and maintenance 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 higher levels of treatment as needed, and to remain housed.

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.



<b>BHSA Transition Questions</b>	<b>Response</b>
<b>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?</b>	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 SMI and/or SUD clients 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.
<b>How does the project assist the county's transition to the behavioral health reform?</b>	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.



# Mental Health Services Act (MHSA) – Innovation Project Brief

## Project: Coastside allcove

### Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS)
- **Population Served:** Youth And Young Adults
- **Total Cost:** TBD
- **Duration of Project:** 5 years

### Background

As part of the Prop. 1 behavioral health transformation, the Behavioral Health Services Act (BHSA) prioritizes strategies to increase access to early intervention services for youth and young adults. The California Mental Health Services Oversight and Accountability Commission (MHSOAC) has approved a statewide collaborative that supports counties to use MHSA Innovation (INN) funding to establish youth multi-service centers based on the allcove™ model. The allcove model, inspired by successful international integrated youth mental health models in Australia, Canada, and Ireland, creates stand-alone, “one-stop-shop” health centers for young people ages 12 to 25 to access support for mild to moderate needs with mental health, physical health, substance use, peer support, supported education and employment, and family support, as well as linkages to community referrals in the continuum of care for more intensive needs.

In early 2024, CoastPride, a nonprofit based in San Mateo County’s Coastside community, was awarded start-up funding from the MHSOAC to establish an allcove center in the city of Half Moon Bay (allcoveHMB) to reach youth and young adults on the coast. Local INN funding will supplement and support the delivery of early intervention services behavioral health services to youth and their families at the allcoveHMB.

### The Challenge

In San Mateo County, as in the United States as a whole, there are dire concerns about the status of youth mental health. In October 2021, leading children’s health organizations declared a [National State of Emergency in Children’s Mental Health](#) and in December 2021, the U.S. Surgeon General issued a [National Advisory on the youth mental health crisis](#). Youth and young adults are facing an unprecedented level of stress from causes including racism, violence, the climate crisis, cyberbullying, the impacts of the COVID-19 pandemic, and a charged political climate around immigration and LGBTQ+ rights, all of which contribute to increased levels of chronic stress among youth, which in turn can lead to anxiety and depression.

An [allcove center](#) in the city of San Mateo was established in the fall of 2023 by Peninsula Health Care District. However, it is well known that San Mateo County’s coastside region is physically isolated from the central parts of the county and lacks equitable access to services. The coastside has long struggled with social and economic challenges that have been exacerbated by the COVID-19 pandemic, the climate crisis, and the growing economic disparity in the Bay Area. Despite being situated in one of the



richest counties in the nation, the limited resources in this part of the county have limited access to mental health, substance use prevention and treatment, educational and employment opportunities, and other supportive services. Behavioral health inequities flow from this economic disparity, and while it is felt by all coastsiders, it disproportionately impacts residents of color and LGBTQ+ communities. Youth-led and community-defined evidence-based practices, such as allcove, are needed in order to reduce behavioral health disparities and advance behavioral health equity for young coastside residents.

## The Proposed Project

The proposed project, and local INN funding, will support culturally informed community engagement and the behavioral health services provided at allcoveHMB including mental health support groups, individual therapy and other treatment services. The state grant funding will be used during the first two years of operation to support start-up costs including identifying a building, hiring and training staff, and planning for services. Specifically, the allcove ACCESS (Anti-racist, Culturally-minded, Community Education, Support, and Services) principles will be utilized to strengthen Latine and queer youth engagement to be truly reflective of the diverse community in the coast.

## Target Population

The target population will be underserved youth 12 to 25 years of age living on the San Mateo County Coastside from Pacifica to Pescadero, including vulnerable youth populations such as those who identify as Black, Indigenous, and people of color (BIPOC), LGBTQ+, and young people experiencing homelessness.

## Services

allcoveHMB will be centrally located in Half Moon Bay. The center will provide:

- Holistic and coordinated services including mental health, substance use, job training, skill development, mentorship, and educational/social/arts activities
- Upstream, early intervention services that aim to positively alter even the most serious forms of mental illness through early detection and intervention
- Youth-centered approaches that focus on resilience and identity, and a youth-friendly physical space with accessible hours of operation
- Connections to community-based partners, including Ayudando Latinos a Soñar (ALAS) and Youth Leadership Institute (YLI)

## The Innovation

- **MHSA Innovative Project Category:** Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- **MHSA Primary Purpose:** Increases access to mental health services to underserved groups

While the allcove™ model is supported by international best practices and shares the characteristics of integrated youth mental health centers worldwide, this INN project aims to pilot a new model adapted



to the U.S. and California, and the needs of local youth in diverse communities. All allcove centers will be part of a multi-county initiative to create a network of centers that test and develop the model together, benefiting from the combined efforts of cross-county experience and technical assistance from the Central allcove Team at the Stanford’s Center for Youth Mental Health and Wellbeing.

### Learning Goals

As part of a multi-county initiative, allcove centers have common learning goals:

1. To learn about the efficacy of the allcove integrated youth mental health model in a local context, evaluating how:
  - a. allcove engages with young people and supports them in connecting to services when they want them, before a crisis, leading to better outcomes for youth and cost savings for communities.
  - b. allcove destigmatizes mental health and normalizes wellness and prevention and early intervention as important to everyone.
  - c. allcove reimagines mental health and wellbeing for young people.
2. To learn the benefits for youth and their families in accessing services from a network of centers who work collaboratively to adapt and test a new model within a multi-county and state initiative.

### Behavioral Health Services Act (BHSA) Transition

The project aligns with the county’s Prop.1 transition to BHSA by by expanding and increasing the types of early intervention strategies available to to children, youth and young adults through the prioritization of Early Intervention strategies. The project removes a barrier to accessing culturally informed, collaborative, and youth and family friendly services.

<b>BHSA Transition Questions</b>	<b>Response</b>
<b>How does the proposal align with the BHSA reform?</b>	The project focuses on early-life investments and strategies for youth and young adults 25 and younger, and their families to intervene in the early signs of mental illness or substance use.
<b>Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?</b>	No
<b>Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?</b>	Yes, the project provides early behavioral health services for youth.



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<b>Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?</b>	No
<b>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?</b>	allcoveHMB will develop a sustainability plan that is vetted and informed by an established youth advisory group. The goal would be to leverage diversified funding for ongoing sustainability of the program including opportunities for Medi-Cal billing of approved services. Additionally, a proposal of continuation will be brought to the BHSA Community Program Planning (CPP) process for Behavioral Health Services and Supports - Early Intervention funding.
<b>How does the project assist the county's transition to the behavioral health reform?</b>	BHSA expands and increases the types of support available to children, youth and young adults through the prioritization of Early Intervention strategies. The project provides access to culturally informed, collaborative, and youth and family led services.





## Mental Health Services Act (MHSA) – Innovation Project Brief

### **Project: Progressive Improvements for Valued Outpatient Treatment (PIVOT)**

**Component:** Developing Capacity for Billable Services Specialty Mental Health Plan Services with Diverse Communities

#### Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS)
- **Target:** Community-based organizations
- **Total Cost:** TBD
- **Duration of Project:** 3 years

#### Background

PIVOT is a multi-county system redesign Innovation (INN) project, initially developed by Orange County, that supports counties in preparing for behavioral health transformation and the transition to the Behavioral Health Services Act (BHSA). Given that counties face similar system-level challenges, the project promotes cross-county learning and capacity building as counties redesign their behavioral health systems. San Mateo County BHRS is prioritizing and proposing to fund one of the five components of the PIVOT concept: Developing capacity for billable services specialty mental health plan services with diverse communities.

#### The Challenge

In most counties, including San Mateo County, mental health services are split into early intervention services for individuals with *mild to moderate* behavioral health conditions and specialty mental health services (SMHS) for individuals living with *serious mental illness* (SMI) or *substance use disorders* (SUD). In San Mateo County, community-based mental health providers typically provide MHSA-funded early intervention services. Additionally, community-based organizations (CBOs) are often the best equipped to provide culturally informed strategies in diverse communities—or what the [California Reducing Disparities Project \(CRDP\)](#) calls *community-defined evidence practices* (CDEPs)—alternatives or complements to standard evidence-based practices that “offer culturally anchored interventions that reflect the values, practices, histories, and lived-experiences of the communities they serve.”

As counties transition to BHSA and prioritize billable services it will be critical to develop the community infrastructure and network of providers eligible to bill Medi-Cal for both specialty mental health and early intervention services. The Department of Health Care Services (DHCS), in consultation with the Behavioral Health Services Oversight and Accountability Commission (BHSOAC), will establish priorities for early intervention CDEPs and evidence-based practices (EBPs) as per BHSA legislation.

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



early intervention services. There is an opportunity to sustain effective early intervention services funded by San Mateo County MHSA (e.g., The Cariño Project, Kapwa Kultural Center, Recovery Connection, Joven Noble, Mindfulness-Based Substance Abuse Treatment, INSPIRE Brief Intervention, etc.) and enhance the volume and quality of culturally informed SMHS by assisting CBOs to become SMHS providers, certify to bill Medi-Cal, and help them identify components of successful CDEPs that can be billable and recognized by the State for early intervention specifically.

## The Proposed Project

This component will determine steps to help CBOs that are interested become SMHS providers and/or certified to bill for their early intervention CDEPs. It will test the model of billing that health care providers use and identify components of CDEPs for which counties could leverage Medi-Cal billing.

## Objectives:

- Identify technical assistance needed to support CBOs to become SMHS providers and bill for Medi-Cal eligible early intervention services.
- Determine if embedding culturally based approaches in early intervention services improves linkages to BHRS and penetration rates.
- Identify components of established CDEPs that can generate revenue and be recognized by the state.
- Determine whether a hub and spoke model can be developed locally to support capacity for billing, similar to how some hospitals manage billing.

## The Innovation

- **MHSA Innovative Project Category:** It introduces a new practice or approach to the behavioral health system
- **MHSA Primary Purpose:** Increases the quality of mental health services, including measured outcomes

## Learning Goals

Through an independent evaluation, this project seeks to learn:

1. Can a viable process be developed and sustained to build CBOs' capacity to bill Medi-Cal for early intervention services?
2. To what extent does embedding culturally-based approaches in early intervention services improve linkages to BHRS and penetration rates?
3. To what extent can CDEPs generate revenue and be recognized by the state?

## Behavioral Health Services Act (BHSA) Transition

The PIVOT project supports the county's Prop. 1 transition to BHSA by identifying system-level changes that will expand culturally-informed billable services and a well trained and supported



behavioral health workforce. These changes will create a sustainable foundation for the delivery of high-quality services for the most vulnerable and at-risk individuals.

BHSA Transition Questions	Response
<b>How does the proposal align with the BHSA reform?</b>	The project focuses on expanding accessible, culturally informed billable services for the “most ill and vulnerable” population and to be able to intervene in the “early signs of mental illness or substance use”.
<b>Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?</b>	No
<b>Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?</b>	Yes, the project focuses on developing internal BHRS infrastructure to be able to support community-based mental health providers who typically provide early intervention services, to develop their capacity to provide billable specialty mental health services and early intervention services.
<b>Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?</b>	No
<b>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?</b>	The project is self-sustaining as BHRS will develop the infrastructure to support community-based network of providers. Ongoing staffing needs will leverage the additional BHSA 2% administration allocation available to counties to implement BHSA priorities.
<b>How does the project assist the county’s transition to the behavioral health reform?</b>	BHSA expands and increases the types of support available to the most vulnerable and at-risk individuals and for early intervention strategies. The project develops the infrastructure necessary to provide these services in a culturally informed manner.