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## **San Mateo County Behavioral Health and Recovery Services**

## **MHSA Innovation ~ Stakeholder Idea Submission**

## **Information Packet and Submission Form**

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

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| **Start here to get informed!**  [MHSA Frequently Asked Questions](#_Frequently_Asked_Questions_1)  [MHSA Submission Process and Dates](#_****_Submission_Process_1)  [Idea Submission MythBusters](#_MHSA_INN_Submission)  [Scoring Criteria for Submissions](#_Scoring_Criteria_for) | **Then go here to submit!**  [Idea Submission Form](#_Idea_Submission_Form_3) |

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

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

## **\*\*\*\* Submission Process and Key Dates \*\*\*\***

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

## Icon of a green sticker held down by a pushpin, The sticker reads in all caps F, A, Q. **Frequently Asked Questions**

## **MHSA Innovation**

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| **What is MHSA?** | * California voters passed the Mental Health Services Act (MHSA), Proposition 63, in November 2004. It became state law on January 1, 2005. * MHSA raises money to transform the state’s behavioral health programs through a 1 percent tax on personal incomes above $1 million. * There are three main categories of programs funded by MHSA:   + **Community Services & Supports (CSS)** are direct treatment and recovery services for serious mental illness and serious emotional disturbance.   + **Prevention & Early Intervention (PEI)** services are provided either before or at the early onset of mental health issues.   + **Innovation (INN)** projects are new approaches and community-driven best practices. |
| * **What is Innovation?** | * INN makes up about 5% of the County’s MHSA funding. For San Mateo County, this is currently about $2.15M per year for new projects. * INN projects are 3 to 5-year pilot projects to develop new best practices in behavioral health care. The County runs a stakeholder participation process for INN every three years. |

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| **What is included and excluded in INN?** | INN projects can address **any aspect of providing behavioral health care services**, including prevention, early intervention, treatment, and recovery programs and services. INN projects can also address administrative processes, community development, system development, and research such as reorganizing systems, training and professional development, improving data systems, or ways of delivering care.  INN projects must **either**:   1. Make a change to an existing behavioral health practice to improve the quality of the services or reach a different population   **or**   1. Introduce a new approach in the behavioral health field   **Making a change to an existing behavioral health practice**  *This means that the idea might already be happening in a behavioral health setting in the United States, but you are proposing changes to reach a different population or add a unique component to the idea.[[1]](#footnote-1)*   * + For example: There might be a promising program in Boston for teenagers who have experienced trauma, but it serves mostly White youth. You want to modify it to be culturally relevant and test whether it is effective for Latinx teens in East Palo Alto.   + For example: San Mateo County already offered alternative therapies via the [Neurosequential Model of Therapeutics (NMT)](https://drive.google.com/file/d/17lvBExMYP21bA5XkKKzACTGIbkKJ8Akv/view?usp=sharing) for children in its mental health system. An INN project was approved to test the effectiveness of NMT with adults.   **Introducing a new approach in the behavioral health field**  *This means that the idea hasn’t been tried in a behavioral health setting. The idea could be brand-new, or it could have been tried in another community setting. The important part is that the idea hasn’t been tried specifically with people who are at risk of or who have behavioral health challenges.*   * + For example: The promotora model was originally found to be effective in a public health setting. It was innovative when it was introduced to the behavioral health setting.   + For example: In 2020, a [Social Enterprise Cafe](https://drive.google.com/file/d/1XPe6mWbCWM1gsrnwYUvtAukqXkS5cmQf/view?usp=sharing) for Filipino/a/x Youth was approved as a BHRS INN project to improve mental health and quality of life outcomes for Filipino/a/x youth, increase access to behavioral health care services, and determine if a social enterprise model can financially sustain an integrated approach for behavioral health and youth development programming. Social enterprises have been found to be effective in public health settings, but not in behavioral health. | |
| **What happens to programs after the INN period ends?** | | * It depends. If projects are shown to be effective, some may get funding from another MHSA component (CSS or PEI). Some may have other funding sources, or a mix of MHSA and other funding sources. |

## **MHSA INN Submission MythBusters**

## **A picture containing clip art: Myths Busted**Here are some common **myths** and **facts** about what it takes to submit an idea!

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| **Myth** | | | Only organizations/agencies can submit an idea. |
| **Fact** | | | **Anyone who lives, works, plays, or goes to school in San Mateo County can submit an idea for an INN project.** We also welcome and encourage you to collaborate with other people and/or organizations to submit an idea. You can note in your submission form that the idea is from one or more people or organizations. |
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| **Myth** | | | Ideas can only be submitted online and in English. |
| **Fact** | | | **You can submit your idea through email, or by mail (see** [**page 2**](#_****_Submission_Process_1)**)**. The form will be available in English, Spanish, and Chinese. |
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| **Myth** | | | I will have to do the submission on my own without assistance. |
| **Fact** | | | **There are several ways that we will support you in submitting your idea**:   * TA hours * Support in other languages * Reasonable accommodations * We can also support you in helping someone else submit an idea (a family member, friend, or client) |
|  | | |  |
| **Myth** | | | I will have to put together my submission quickly. |
| **Fact** | | | **The submission window will be open from June through July 15, 2022**, so you will have six weeks to work on your submission. |
|  | | |  |
| **Myth** | | | There are no guidelines for INN project topics. |
| **Fact** | | | **BHRS is seeking INN project ideas that align with the MHSA core values and at least one strategic initiative from the MHSA Three-Year Plan**. MHSA Core Values  * **Community collaboration** (clients and/or family members, other community members, agencies, organizations, and businesses work together to share information and resources to fulfill a shared vision and goals) * **Cultural competence** (services reflect the values, customs, beliefs, and languages of the populations served and reduce disparities in service access) * **Consumer and family-driven services** (clients – and family members of children – have a primary decision-making role in identifying needs, preferences, and strengths, and a shared decision-making role in determining services; including peer-to-peer services[[2]](#footnote-2)) * **Focus on wellness, recovery, resiliency** (services promote wellness in body, mind, and spirit, and incorporate concepts key to recovery: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination) * **Integrated service experiences for clients and families** (services promote coordinated agency efforts to create a seamless experience for clients, consumers, and families)  Three-Year Plan Strategic Initiatives These reflect the priorities heard from community members during the MHSA community planning process (CPP). See more detail in the [Three-Year Plan](https://www.smchealth.org/san-mateo-county-mhsa-prop-63).   * **Housing continuum** (including assessments and housing navigation for individuals who are homeless, and transitional housing for transition age youth) * **Crisis diversion** (including peer and family crisis support, walk-in crisis services, and suicide education and prevention) * **Culturally responsive and trauma-informed systems** (including training, co-located services in community settings, and financial assistance programs to recruit a diverse workforce) * **Integrated treatment and recovery supports** (after-care services after residential treatment, peers providing system navigation and coaching, supported employment programs, and early treatment and support for youth related to cannabis and alcohol use) * **Community engagement** (family-focused wellness and support services, school-based resources, youth empowerment models, home-based early intervention, and culturally-focused outreach and engagement) |
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| **Myth** | I will need to put together a long proposal that will take a lot of time and effort. | |
| **Fact** | **It will take you about 4-6 hours to put together your submission**.   * You will need to do the following: * Do some research or request support from the BHRS team to do some research on your project idea * Fill out a submission form * Participate in a submission review session with our support provider (recommended) * Specifically, the submission form will request the following:   + What services or activities your project will provide   + Who your program intends to reach   + Why the project is innovative according to INN regulations   + What evidence you have found that the project would meet community needs in an effective way (such as online research articles or conferences)   + What impact the project would have for people   + An estimate of how much the project would cost per year (such as the number of staff the project would need and what the expenses would be) * You do *not* need many pages of written narrative, an exact line item budget, an evaluation plan, nor an implementation plan (such as which organization will provide the services). * If your project is *chosen to submit* to the state   + BHRS will develop the full proposal for the state - you will not need to do that. We will follow up with you to further discuss your project idea and make sure we have enough information for us to develop a full proposal. | |
|  |  | |
| **Myth** | I will have to reapply for funding for my project each year. | |
| **Fact** | **Approved projects are funded for the entire 3-5 year project period**. | |
|  |  | |
| **Myth** | There are no criteria for what ideas will be selected. | |
| **Fact** | **The MHSA INN workgroup has developed** [**criteria for scoring**](#_Scoring_Criteria_for) **the ideas that stakeholders submit**. | |
| **Myth** | Stakeholders will not have input into the ideas that are selected to move forward. | |
| **Fact** | **There are several opportunities for stakeholder input.** The MHSA INN workgroup, made up of stakeholders including nonprofit staff, people with lived experience, and family members, will be involved in reviewing and selecting which ideas to submit to the state.   * There is not a limit to how many ideas we can submit to the state. However, to be mindful of resources and capacity, we plan to submit up to 5 ideas. * The projects will be presented at the **October 6, 2022** MHSA Steering Committee meeting, which is open to the public, and will be open for input. * There will also be a 30-day public comment period before the projects are submitted to the state. | |
|  |  | |
| **Myth** | If my idea is approved, my organization will be responsible for implementing it. | |
| **Fact** | **Ideas that are approved will go through a procurement process**, which means that BHRS will determine the service provider usually through a Request for Proposals (RFP) process. BHRS will also hire an outside evaluator to support data collection and reporting. | |
|  |  | |
| **Myth** | If my idea is not selected to move forward as an INN project, there are no other options for my idea to move forward. | |
| **Fact** | **If your idea is not selected for INN, it could be considered for another type of MHSA funding.** | |
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## **Scoring Criteria for MHSA INN Submissions**

1. **Pre-Screening**

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

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

1. **Submission Scoring**

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

| **Criteria** | **Definition** | **Score** |
| --- | --- | --- |
| Alignment with MHSA Strategic Initiatives | * How well the submission aligns with one or more strategic initiative from MHSA Three-Year Plan   + Housing continuum   + Crisis diversion   + Culturally responsive and trauma-informed systems   + Integrated treatment and recovery supports   + Community engagement | 1      2      3      4      5 |
| Alignment with MHSA Core Values | * How well the submission aligns with one or more the MHSA core values   + Community collaboration   + Cultural competence   + Consumer and family-driven services   + Focus on wellness, recovery, resiliency   + Integrated services | 1      2      3      4      5 |
| Project Reach and Access | * The submission describes how the project will reach and ensure access for its target population(s) in culturally responsive ways, with a focus on populations that have been historically excluded from services and/or access to services | 1      2      3      4      5 |
| Project Impact | * The submission describes the gaps in the behavioral health system that the project will address, and provides evidence and/or examples for how the project will be effective in addressing the identified needs of the target population | 1      2      3      4      5 |
| **Total Score** |  | **/ 20** |

1. **Equity and Feasibility Review**

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

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

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

## **Idea Submission Form**

**Fill out the Word document and email or mail it to:**

* [MHSA@smcgov.org](mailto:MHSA@smcgov.org)
* 310 Harbor Blvd. Bldg. E, Belmont, CA 94002

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

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

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

* [Submission Process and Key Dates](#_****_Submission_Process_1)
* [MHSA INN Frequently Asked Questions](#_Frequently_Asked_Questions_1)
* [MHSA Core Values](#_MHSA_Core_Values)
* [MHSA Three-Year Plan Strategic Initiatives](#_Three-Year_Plan_Strategic)
* [Scoring](#_Idea_Submission_Form) Criteria for Submissions

**Submission pre-check**

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

I live, work, play, or go to school in San Mateo County

I have read the [INN requirements](#_What_is_included) and I believe my project meets the requirements

I have found information (such as through an online search) that supports my project as something that would have positive impacts

I have not seen research articles showing that my exact idea has already been done and has been effective in a behavioral health setting

**Submission Information**

Your Name:       Email Address:

Phone Number:

1. **I am submitting an idea as (check all that apply)**

An organization (name):

A partnership/collaborative of organizations (list organizations):

A community member

1. **In 1-2 sentences, please write a summary of your project:**
2. What services will be provided?

1. Who will be served? (target population)

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

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

1. **Now, please share more details about your project:**

**4a. Which** [**MHSA Three-Year Plan Strategies**](#_Three-Year_Plan_Strategic)**, if any, your project will address (check all that apply)**

Housing continuum

Crisis diversion

Culturally responsive and trauma-informed systems

Integrated treatment and recovery supports

Community engagement

Not sure

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

*Prevention*: Services to **prevent** mental health challenges and build protective factors

*Early intervention*: Services for people **at risk** of developing mental health challenges

*Treatment*: Services for people who **have mental health challenges**

*Recovery***:** Services for people who are **recovering from mental health challenges**

*Other* (please describe):

**4c. Target populations (check all that apply)**

Children ages 0-11

Youth ages 12-15

Transition age youth ages 16-24

Adults ages 25-59

Older adults ages 60 or older

Specific area(s) of the county:

Specific cultural group(s):

Specific language(s):

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

Yes

No

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

10-49 people

50-99 people

100 or more people

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

Yes

No

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

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

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

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

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

(1-2 paragraphs)

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

(1-2 paragraphs)

1. **Please indicate which of the** [**MHSA Core Values**](#_MHSA_Core_Values) **your project will address.** *(Note: the project doesn’t need to address every core value in order to be considered)*

Community collaboration

Cultural competence

Consumer and family-driven services

Focus on wellness, recovery, resiliency

Integrated service experiences for clients and families

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

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

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

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

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

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

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

1. **About you - optional.** We want to make sure we are getting ideas from people from diverse backgrounds. Sharing this information is optional and won’t impact whether your idea gets chosen. We invite you to share the following information.
   * Please share which of the following describes you (select all that apply):

Black, Indigenous, or a Person of Color (BIPOC)

Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning (LGBTQ+)

I identify as a person with a disability

I have lived experience as a client of mental health and/or substance use services

I have lived experience as a family member of a client of mental health and/or substance use services

None of the above

Prefer not to share

* + What part of the county do you live in, work in, or represent?

Central

North

Coast

South

East Palo Alto/Belle Haven

County-wide

* + Are you an employee of the County or a non-profit organization?

Yes, I am an employee of the County

Yes, I am an employee of a non-profit organization

No, I am not an employee of the County or a non-profit organization

Prefer not to share

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

Yes

No

Thank you!

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

1. A behavioral health setting means a program or place that provides mental health or substance use services (prevention, early intervention, treatment, or aftercare). [↑](#footnote-ref-1)
2. BHRS defines a peer as someone with lived experience as a client of county or community-based mental health and/or substance use services. [↑](#footnote-ref-2)