SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSOAC
Mental Health Services
Oversight & Accountability Commission

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.	
☑ Local Mental Health Board approval	Approval Date: December 7, 2022
☑ Completed 30 day public comment period	Comment Period: November 2, 2022 – December 7, 2022
☐ BOS approval date	Approval Date: _____
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: TBD – tentatively February 28, 2023 *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: February 23, 2023 ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***	

Mental Health Services Act (MHSA) Innovation Project Plan

County Name: San Mateo County
Date submitted: December 21, 2022
Project Title: Recovery Connection Drop-In Center
Total amount requested: $2,840,000 ($2.275M services, $340K BHRS admin, $225K eval)
Duration of project: 5 years (4 years of services, 6 months start-up, 6 months post eval)

Section 1: Innovations Regulations Requirement Categories

CHOOSE A 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

CHOOSE A 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.

A report from the National Institute on Drug Abuse found that nationally, approximately half of the individuals who develop substance use challenges are also diagnosed with mental health challenges and around one in four individuals with serious mental illness (SMI) also have a substance use disorder (SUD).[1] The comorbidity of mental disorders and substance dependence is well-documented, and substance use is a risk factor and can contribute to the exacerbation and/or development of mental illness.[2]

In San Mateo County, a 2018 survey found that 18% of adults reported binge drinking at least once during the past 30 days.[3] The 2020 San Mateo County Community Stigma Baseline Survey found that more than one in ten San Mateo County adults (13%) reported ever having a substance misuse issue. Among those who ever had a substance misuse issue, a little over half (55%) sought treatment. Among those who sought substance use treatment, more than half (57%) agreed that it took a long time to begin seeking help.[4]

Substance use challenges accelerated during the COVID-19 pandemic: the County reported a 430% increase in overdose-related referrals to the County Health's Medication Assisted Treatment outreach/response team and a 21% increase in treatment of Opioid Use Disorder in the SMC Medical Center's Emergency Department since March 2020.[5] San Mateo County's 2019 Community Health Needs Assessment found that 47% of adults reported that they would not know how to access treatment for a substance use related issue, and an even higher percentage of Asian American adults (64%) who would not know how to access substance use treatment.[6]

There is a need to more effectively reach individuals with substance use challenges as a means to support their recovery and the exacerbation or development of mental health challenges. Far too often, individuals with substance use challenges or co-occurring substance use and mental health challenges, only receive support when they are in crisis, and that support is reduced once they are in a more stable situation. However, because recovery is not linear, many people experience struggles and relapse, and again find themselves in need of support. Without a community of support along the full continuum of a person's need

[1] NIDA. 2022, September 27. Part 1: The Connection Between Substance Use Disorders and Mental Illness. Retrieved from https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness on 2022, September 29

[2] Ross S, Peselow E. Co-occurring psychotic and addictive disorders: neurobiology and diagnosis. Clin Neuropharmacol. 2012;35(5):235-243. doi:10.1097/WNF.0b013e318261e193.

[3] San Mateo County Behavioral Health and Recovery Services Cultural Competence Plan 2020-2021. https://www.smchealth.org/sites/main/files/file-attachments/final_smc_bhrs_ode_cultural_competency_plan_20_21.pdf?1642194379

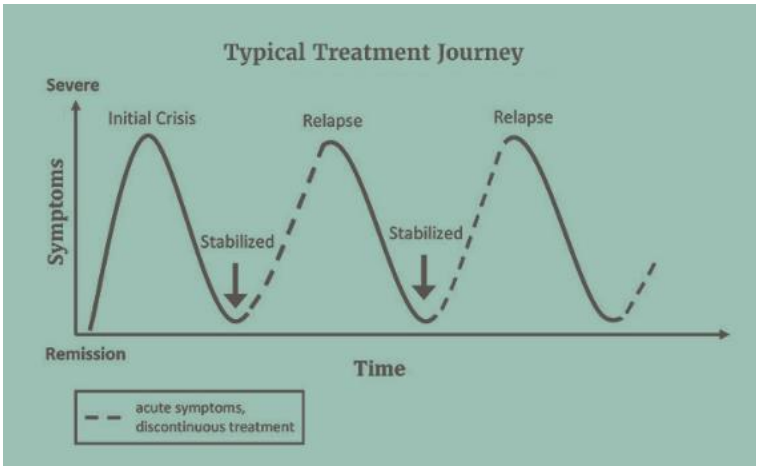
[4] Community Stigma Baseline Survey: Mental Health & Substance Misuse Knowledge, Beliefs & Behavior. September 2, 2020. https://www.smchealth.org/sites/main/files/file-attachments/s19713_smc_stigma_baseline_full_report_05_rv2.pdf?1616216764

[5] "San Mateo County Health Alert Highlights Pandemic's Impact on Mental Health and Substance Use." January 8, 2021. https://www.smcgov.org/media/4746/download?inline=

[6] Community Health & Needs Assessment 2019, San Mateo County: Major Findings. https://www.smcalltogetherbetter.org/content/sites/sanmateo/Reports/CHNA_2019_Major_Findings_Community_FINAL.pdf

for recovery support, many people are bound to experience a rollercoaster of crisis and stabilization (see Figure 1).

Figure 1: Diagram of typical treatment journey (from Recovery Cafe Network)



San Mateo County's existing services for individuals with substance use or co-occurring challenges require individuals to sign up for formal treatment or recovery services, and services are largely abstinence-based. As a result, the current service system does not reach individuals who may be thinking about recovery but do not know how or where to start and are hesitant about entering into formal recovery programs. There are currently no drop-in services in San Mateo County for individuals who have committed to their recovery and need a safe, welcoming place that offers free services and supports that help them sustain and enhance their recovery and get connected to other mental health supports. Given racial/ethnic disparities in knowledge, stigma, and engagement in behavioral health services, there is also a need to more effectively outreach to historically underserved populations regarding substance use supports, including Latinx, Asian American and Pacific Islander, and African American communities.[7]

The increasing substance use and co-occurring substance use and mental health challenges, access and stigma around seeking services and supports, lack of services for individuals who have not yet committed to recovery, and the clear understanding that substance use is a risk factor for the exacerbation and development of mental health challenges, point to a need for innovative ways to outreach to and provide supports for individuals with substance use challenges or co-occurring substance use and mental health challenges.

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.

[7] Community Stigma Baseline Survey, San Mateo County Behavioral Health and Recovery Services Cultural Competence Plan 2020-2021.

The proposed project is a culturally responsive "Recovery Connection" one-stop, drop-in, brick-and-mortar center for individuals with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery, from pre-contemplative to maintenance and enhancement. The Recovery Connection will 1) use a peer support model; 2) center around Wellness Recovery Action Plan (WRAP) programming; 3) provide linkages to more intensive behavioral health services as needed; and 4) expand capacity countywide for WRAP. The peer support model will emphasize individuals receiving free, non-treatment services and supports from peers with substance or co-occurring lived experience. WRAP programming will help individuals acquire tools and confidence to begin, maintain, and enhance their recovery; reduce drug and alcohol relapse; build a strong and positive social network; increase self-awareness; hold themselves accountable for their substance use; reduce anxiety, stress, and depression; increase their sense of hope and purpose. The Recovery Connection will also increase access to substance use treatment for individuals who need and are ready to enter treatment and will increase linkages to mental health treatment by engaging individuals who may have undiagnosed mental health challenges. Finally, the Recovery Connection will serve as a training center for to expand capacity countywide to use WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges.

Program model

Below are key tenets of the program model:

- **The Recovery Connection will be open to all**. The Recovery Connection culture will be free of judgement and will meet participants where they are in their recovery journey. The Recovery connection will be open to all adults 18+ with substance use challenges and ensure they are receiving and/or referred to the necessary mental health supports. The Recovery Connection recognizes that recovery is not linear, and that it is important to have an inclusive space. The Recovery Connection will cast a wide net to support, outreach to and welcome individuals in any stage of recovery, including individuals early in their intentions to recovery, individuals returning from residential treatment, sober living home residents, and individuals who have been in recovery for many years and are working to prevent relapse. The space itself will be a safe, clean and sober environment, but the doors will be open to all; participants will not be required to be clean and sober or be committed to abstinence, as long as their substance use does not result in disruptive behavior and unsafe space at the Recovery Connection for themselves or others. Staff/peer workers will be trained in harm reduction and safety procedures, including de-escalation training, and having Naloxone on hand to respond to potential overdoses.

- **The Recovery Connection will use a peer support model.** The peer support model recognizes that trained peers who have lived experience and are in recovery can more deeply understand the issues that participants are going through and are best positioned to support them with coaching, mentoring, and support. Recovery Connection programming will be led by peer coaches and facilitators, the majority of whom are Black, Indigenous, and People of Color (BIPOC), including Spanish-speaking peers, and have lived experience with the trauma of poverty and substance use and mental health challenges.

Services

The Recovery Connection will offer the following peer-based services in English and Spanish.

- **Evidence-based Wellness Recovery Action Plan (WRAP) workshops**. The Recovery Connection center will be centered around peer-led WRAP programming and all participants will begin with an eight-week WRAP group. WRAP emphasizes hope, personal responsibility, education, self-advocacy, and

support by supporting participants to develop a wellness toolbox; create daily plans to put wellness into practice in daily life; identify stressors and how to respond to them; identify early warning signs and proactive approaches to protect or restore wellness; identify signs that wellness is breaking down and actions to prevent a crisis; develop a personalized crisis plan; and create a post-crisis plan.[8] WRAP groups will build protective factors that will support participants in their recovery and may prevent the escalation of mental health challenges. The Recovery Connection center will offer different types of WRAP groups depending on the specific circumstances participants are experiencing (e.g., trauma, living alone). The Recovery Connection will offer at least 100 WRAP sessions per year.

- **Peer mentoring and coaching**. Peer mentors/coaches will provide one-on-one mentoring and coaching to encourage, motivate, and support participants. Peer mentors/coaches will support participants in setting recovery goals, developing WRAP plans, providing warm hand-offs to mental health and substance use treatment, finding sober housing, developing healthy peer relationships, improving job skills, and other supports.[9] The Recovery Connection will provide between 1,200-2,400 hours of one-on-one mentorship annually.

- **Linkages to mental health and substance use services.** Staff and peer workers will have developed partnerships with the behavioral health regional clinic(s), substance use treatment providers, the County's ACCESS behavioral health services referral team, and many other points of entry to both mental health and/or substance use services. Staff and peer workers will be trained to identify, in collaboration with participants, whether participants would benefit from substance treatment in outpatient or residential settings and will provide warm hand-offs. It is anticipated that a majority of participants will also have mental health challenges, whether diagnosed or unidentified or undiagnosed mental health challenges. As participants engage in WRAP and other Recovery Connection services, they will be better equipped to understand their triggers and thought patterns, and many will become more open to accepting that they have mental health challenges related to their substance use. Staff and peer workers will be trained to accompany participants through this delicate process and to link participants to specific mental health services as needed.

- **Health and mental wellness classes**. Staff and peer workers that will help you accomplish your goal of being healthy with an open discussion of various topics covering Health which refers to a state where the physical body is free from disease, and an active process of achieving your wellness an overall balance of your physical, social, spiritual, emotional, intellectual, environmental, and occupational well-being.

- **Job readiness and employment referral services**. Staff and peer workers will help with resume writing, computer courses with educational partners, volunteer services, and job employment and referral to other job opportunities.

- **Referrals and connection to resources**. The Recovery Connection center will collaborate with community partners to provide referrals and linkages to outside services such as housing, education, job training, and outside behavioral health services as needed.

- **Rewarding volunteer opportunities**. Participants will have the opportunity to volunteer depending on their interest and availability. Volunteering can range from one-time-only assignments to monthly,

[8] Wellness Recovery Action Plan. https://www.wellnessrecoveryactionplan.com/what-is-wrap/#:~:text=Wellness%20Recovery%20Action%20Plan%20(WRAP,your%20life%20and%20wellness%20goals
[9] SAMHSA. What Are Peer Recovery Support Services? https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4454.pdf

weekly, or daily volunteer activities to meet the goals, needs, and priorities of the Recovery Connection programming and peer success. Assignments might involve activities such as:

- Tabling and setting up for events
- Assisting with WRAP groups or health and wellness classes
- Making coffee and setting out snacks
- Administrative tasks
- Sharing a special skill or occupation
- Preparing materials or assisting with a program activity or event
- Mentoring side-by-side with another peer

- **WRAP Training.** The Recovery Connection will provide ongoing training to peers, clinicians, and paraprofessionals to expand capacity countywide for WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges. The Recovery Connection will offer the following trainings to increase the number of certified WRAP providers and to expand referral pathways and linkages to WRAP.
  - *Two-day WRAP orientation training*. This will be an informational training for peers, clinicians, and paraprofessionals who are new to WRAP and may be interested in becoming certified to facilitate WRAP groups with individuals who have substance use challenges or co-occurring substance use and mental health challenges. This training will be offered at least three times a year.
  - *Five-day WRAP certification training*. This training will cover the required material to certify peers, clinicians, and paraprofessionals to facilitate WRAP groups with individuals with substance use challenges or co-occurring substance use and mental health challenges. This training will be offered at least twice a year.
  - *Three-day WRAP certification refresher training*. Individuals who have been certified in WRAP must complete a refresher training every two years. This training will be offered at least once a year.
  - *Half-day WRAP overview training*. This informational training will be for staff and managers from systems outside of behavioral health that serve individuals with substance use challenges or co-occurring substance use and mental health challenges (e.g., Child Protective Services, Probation, and health and medical services). The training will provide information about WRAP, its purpose and benefits, and how to link potential clients to WRAP services. This training will be offered at least twice a year.

While the Recovery Connection center is a drop-in center and people will be able to participate without requirements to participate for a certain amount of time or in a certain number of activities, it is anticipated that the Recovery Connection's programming will engage people for at least several months at a time, rather than dropping in for only a few visits.

Access to services

The Recovery Connection drop-in center will be based in a central location between East Palo Alto and Belmont (e.g., Redwood City) that is accessible by public transportation, especially after-hours. The hours of operation will be from 10am-7pm, Monday through Friday, recognizing that most people need support after business hours. The program will continually consult with participants to assess whether hours of operation are meeting the needs of the population, and whether extended evening and/or weekend hours are needed. The center will collaborate with community partners and with existing substance use treatment providers in the community to publicize the drop-in center services and outreach to potential participants.

Assessment and service planning

Visitors to the Recovery Connection center will be invited to an informational meeting with a peer coach to learn about the center and its services. Once someone chooses to participate, they will complete an intake form and a recovery management plan. The intake form will ask individuals about their addiction and also include a simple co-occurring screening to support appropriate referrals, warm hand-offs and meet the MHSA SUD reporting requirements. The recovery management plan determines what types of services the individual needs and is interested in (e.g., mentoring, job skill development). All participants will begin their services with a WRAP group, which will also help inform additional services that would be a good match. If a participant would benefit from services outside of what is offered at the Recovery Connection center (e.g., residential treatment, mental health program, housing assistance, education), the center staff will assist with making those referrals and linkages.

Staff

- **Program Manager**: A Program Manager will design, develop, and oversee program implementation and daily operations and supervise staff.
- **Peer Staff**: Four full-time peer staff will provide direct services to participants, including facilitating WRAP workshops, providing job readiness and employment referrals, housing referrals, health and wellness classes, and volunteer opportunities.
- **Outreach Staff**: Four full-time outreach staff will target outreach to hard-to-reach populations, including those in the beginning of their recovery, as well as underserved populations, including Asian/Pacific Islanders, African Americans, and LGBTQIA+ populations.
- **Administrative Staff**: One full-time staff to greet and help complete intake forms, support administrative and data collection and entry.

Advisory Group

A small advisory group of clients, family members, and community leaders, including representatives from partner agencies will be established early in the program start-up. The advisory group will inform all aspects of the Recovery Connection 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.

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.

The success of the Recovery Community Center (RCC)/Recovery Cafe model, which the proposed project will apply with modifications to the approach, services, and population, indicates that a similar model will be successful given the needs in San Mateo County. A long-term analysis of participants in RCCs observed

improvements in duration of abstinence, substance problems, psychological well-being, and quality of life.[10] A 2022 report found that houseless participants in Seattle's Recovery Café indicated positive outcomes resulting from sober social events; opportunities to give back through volunteerism; feelings of connectedness; and having a warm physical space where people feel safe and welcomed.[11] Seattle's 2019-20 Annual Report reported the following from their participant surveys:[12]

- 93% said that Recovery Café helped maintain their recovery
- 87% said that Recovery Café helped reduce drug relapse
- 78% said that Recovery Café helped stabilize their mental health
- 74% said that Recovery Café increased their sense of hope

The peer support model was chosen for the proposed project as SAMHSA (Substance Abuse and Mental Health Services Administration) promotes the peer model as an effective approach that fosters a shared understanding, respect, and mutual empowerment. In a SAMHSA report, "Value of Peers Infographic: Peer Recovery," evidence shows that the peer model improves relationships between providers and participants; increases services retention; reduces substance use; and decreases criminal justice involvement.[13]

Voices of Recovery San Mateo County (VORSMC), a San Mateo County peer-led recovery organization, has anecdotally seen the success of a peer support and peer-led WRAP model. VORSMC is one of the first organizations to use peer-led WRAP with individuals with substance use challenges and co-occurring substance use and mental health challenges. VORSMC has observed and heard from WRAP participants that WRAP has supported their recovery by improving their ability to understand their thought patterns and identify triggers; increasing their openness to participating in programs and services; and strengthening their sense of independence.

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

The project will serve an estimated 940 – 1100 participants each year through the weekly WRAP groups and health and wellness groups.

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 Recovery Connection will serve adults with substance use challenges or co-occurring substance use and mental health challenges at all stages of their recovery. This includes individuals who may have undiagnosed mental health conditions.

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[10] Kelly JF, Fallah-Sohy N, Cristello J, Stout RL, Jason LA, Hoeppner BB. Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. J Subst Abuse Treat. 2021 May;124:108287. doi: 10.1016/j.jsat.2021.108287. Epub 2021 Jan 13. PMID: 33771284; PMCID: PMC8004554.

[11] Mandy D. Owens, Caleb J. Banta-Green, Alison Newman, Rachel Marren & Ruby Takushi (2022) Insights into a Recovery Community Center Model: Results from Qualitative Interviews with Staff and Member Facilitators from Recovery Cafe in Seattle, Washington, Alcoholism Treatment Quarterly, DOI: 10.1080/07347324.2022.2088323

[12] Recovery Café, 2019-20 Annual Report. https://recoverycafe.org/blog/rc_report/2019-20-annual-report/

[13] SAMHSA. Peers Supporting Recovery from Substance Use Disorders. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

The project will specifically seek to reach individuals in the Latinx community, particularly immigrants whose second language is English and are very low- to low-income, predominantly male, and underemployed or unemployed and may be justice-involved. The program will also seek to reach other historically underserved populations, including Asian/Pacific Islanders, African Americans, low-income, LGBTQIA+, houseless, chronically unemployed, and justice-involved populations.

RESEARCH ON INN COMPONENT

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

The Recovery Connection center will provide similar recovery services to Recovery Community Centers (RCCs) and the Recovery Café model, but with significant program and approach differences. The table below describes key differences in the proposed project compared to similar projects that have been implemented by other cities/counties or providers.

Existing programs	Proposed project
Alcoholics Anonymous and Narcotics Anonymous (AA/NA) are drop-in support groups that focus on staying clean and sober.	The Recovery Connection could serve as a hosting site for AA/NA meetings, but the focus of the Recovery Connection will be broader than being clean and sober; it will focus on long-term recovery and will offer multiple types of services.
The Recovery Community Center (RCC)/Recovery Café model tends to have membership requirements, including being clean and sober for 24 hours before entering, participating in at least one support group per week, and volunteering/supporting with café chores.	Participants will not have to meet any participation or membership requirements to come to the Recovery Connection. The Recovery Connection will welcome people at all stages of recovery, whether or not they are clean and sober, as long as their behavior is not disruptive.
Other recovery cafes tend to focus on individuals who are unhoused.	The Recovery Connection will provide access to all people in the community age 18+ with substance use challenges or co-occurring substance use and mental health challenges
Other recovery cafes do not center their service model around WRAP and do not have a system capacity-building focus.	The Recovery Connection will serve as a training center for professionals and paraprofessionals to expand capacity countywide to use WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges

The proposed project is also distinguished from state-funded programs: Full-Service Partnership (FSP) programs serve clients with serious mental illness (SMI), but FSPs are not drop-in centers; there is government funding through the Department of Health Care Services (DHCS) for drop-in services, but there have not been one-stop drop-in centers that are centered around peer-led WRAP programming and meet individuals where they are in terms of their recovery from substance use challenges or co-occurring substance use and mental health challenges.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

The proposed Recovery Connection center is a modification of the Recovery Community Center (RCC) and Community Café model. As such, BHRS conducted a review of similar programs and a literature review on the design and outcomes of RCCs/Community Cafes.

History of Recovery Community Centers and Recovery Cafes

Recovery Community Centers (RCCs) began around 2004 as part of the SAMHSA Recovery Community Services Program (RCSP). RCCs emerged to address the needs of people with substance use that are not addressed by formal treatment programs (such as residential or outpatient treatment) and mutual self-help groups (such as AA/NA). RCCs are community-based, peer-run organizations that offer resources support for individuals in any phase of substance use or recovery. Recovery Cafés are a type of RCC that was founded in Seattle in 2003.[14] The Recovery Café Network has since expanded to nearly 50 Recovery Cafés in North America, including the U.S. and Canada. Of these, some are considered "model" sites that have fully implemented the Recovery Café model, and some are "emerging." BHRS explored the program approaches and services of "model" sites including: Seattle (WA), San Jose (CA), Jefferson County (WA), Everett (WA), and Orting (WA).[15] Recovery Cafes also exist in Europe, and while there has not been a formal comparison, they appear to share similar principles.[16]

Service model of RCCs and Community Cafes

RCCs are community-based, peer-run organizations that serve individuals at any stage of recovery. They serve as a hub for peer support services and connections to community resources and typically provide services such as mentoring and coaching, connection to resources, educational groups, support groups (called Recovery Circles in the Recovery Café model), assistance with basic needs and social services (e.g., employment assistance, family support services, housing assistance, education assistance), sober social activities, and volunteer and service opportunities.[17,18] Recovery Circles are led by trained peers and offer non-clinical recovery support. Facilitators are peers who identify as being in recovery from a substance use condition or co-occurring substance use and mental health conditions. The original Seattle Recovery Café identified four research-based types of social support that it provides: [19]

- *Emotional—demonstrating empathy, caring, and concern to build a person's self-esteem;*
- *Informational—sharing knowledge and information to provide life and/or vocational training;*
- *Instrumental— providing concrete assistance to help people accomplish tasks; and*
- *Affiliational— facilitating contacts with other people to promote learning of social skills, create community, and instill a sense of belonging.*

[14] Owens and Banta-Green et al. (2022)
[15] Recovery Café Network. Our Model. https://recoverycafenetwork.org/our-model/
[16] Owens and Banta-Green et al. (2022)
[17] Hill, Tom. National Council for Behavioral Health. December 2020. Accessed at: http://www.recoveryanswers.org/assets/The-Origins-of-Recovery-Community-Centers.pdf; Recovery Research Institute. Recovery Community Centers. https://www.recoveryanswers.org/resource/recovery-community-centers/
[18] Kelly JF, Fallah-Sohy N, Vilsaint C, Hoffman LA, Jason LA, Stout RL, Cristello JV, Hoeppner BB. New kid on the block: An investigation of the physical, operational, personnel, and service characteristics of recovery community centers in the United States. J Subst Abuse Treat. 2020 Apr;111:1-10. doi: 10.1016/j.jsat.2019.12.009. Epub 2019 Dec 19. PMID: 32087832; PMCID: PMC7039941.
[19] Recovery Café Network. Our Model. https://recoverycafenetwork.org/our-model/

The Recovery Café model also aligns with the 10 SAMSHA-identified components of successful recovery programs: Self Direction, Individualized and Person-centered, Empowerment, Holistic, Non-Linear, Strengths-based, Peer Support, Respect, Responsibility, and Hope.[20]

Membership model

According to the Recovery Café model, participants become members and must meet the following membership requirements:

- Be drug- and alcohol-free for 24 hours before entering the cafe
- Attend a Recovery Circle each week
- Participate in cafe chores (cleaning, serving meals, etc.)

Gaps in literature and practice

The proposed Recovery Connection center has a similar vision and model to the RCC/Recovery Café model; however, there are significant differences in approach and execution as the Recovery Connection will not have the membership requirements that are the hallmark of the Recovery Café model; the Recovery Connection will not have café services; it will be centered around WRAP groups; and it will serve a broader population than is typically served. While there is literature on the effectiveness of RCCs/Recovery Cafes,[21,22] **given the differences in approach and services of the proposed Recovery Connection center, there are gaps in practice and literature in terms of:**

- Services and outcomes for individuals who may not be clean and sober at the time of their participation;
- Services and outcomes for individuals who may or may not be houseless
- Cultural relevance of services, and outcomes for, individuals from diverse racial/ethnic groups, Spanish-speaking individuals, and the LGBTQ+ community;
- Delivery and outcomes of a service model centered on WRAP.

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 a drop-in recovery center **increase access** to recovery services and mental health services and supports for individuals who were not previously engaged in services?
    a. *Reason*: Increasing access to services is the primary purpose of the proposed project. The project will seek to understand if a one-stop drop-in center that welcomes people at all stages

[20] Recovery Café Network. Our Model. https://recoverycafenetwork.org/our-model/
[21] Kelly JF, Fallah-Sohy N, Cristello J, Stout RL, Jason LA, Hoeppner BB. Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation. J Subst Abuse Treat. 2021 May;124:108287. doi: 10.1016/j.jsat.2021.108287. Epub 2021 Jan 13. PMID: 33771284; PMCID: PMC8004554.
[22] Kelly JF, Stout RL, Jason LA, Fallah-Sohy N, Hoffman LA, Hoeppner BB. One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived From U.S. Recovery Community Centers. Alcohol Clin Exp Res. 2020 Mar;44(3):711-721. doi: 10.1111/acer.14281. Epub 2020 Feb 3. PMID: 32012306; PMCID: PMC7069793.

of recovery increases access to both substance use and mental health services for people who otherwise might not have sought services.

2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, mental wellness indicators and economic mobility?
    a. *Reason*: This learning goal seeks to understand the outcomes of the Recovery Connection center, and WRAP specifically, in supporting long-term recovery for individuals at all stages of recovery, and particularly individuals in the precontemplation or contemplation stages. Given that there has been limited research on the outcomes of using WRAP with individuals with substance use challenges and co-occurring substance use and mental health challenges, understanding the effectiveness of WRAP and other services will expand the research on WRAP and inform program learnings, improvements, and the potential to expand or replicate the program model.
3. Does training peer workers, clinicians, and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?
    a. *Reason*: In addition to improving access and outcomes for participants of the Recovery Connection itself, the project seeks to increase capacity in the county, among peer workers, paraprofessionals, and clinical professionals to use WRAP with individuals with substance use challenges or co-occurring substance use and mental health challenges. This learning goal will examine the extent to which the training has achieved that goal and any differences in experiences among the types of staff trained.

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

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

Gaps in the literature and practice	**Proposed intervention and opportunities for learning**	**Learning Goal**
There is not research on the effectiveness of recovery cafes/centers in improving access and outcomes for diverse populations, particularly Latinx, Spanish-speaking populations, Asian/Asian American populations, African American populations, and LGBTQ+ individuals. In addition, there is not research on the extent to which recovery cafes/centers and WRAP improve access to both substance use and mental health services and behavioral health outcomes for people at	Implement a recovery community drop-in center that provides culturally responsive services to many different communities, regardless of housing status or point in their recovery journey.	1. Does a drop-in recovery center **increase access** to recovery services and mental health services and supports for individuals who were not previously engaged in services? 2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, mental wellness indicators and economic mobility?

all stages of recovery, particularly those in the precontemplation and contemplation stages, and for people who are not unhoused.		
There are gaps in practice and research in terms of training and expanding capacity to use WRAP with individuals with substance use challenges and/or substance use and mental health challenges.	Implement and study a training and capacity building initiative within the Recovery Connection center.	3. Does training peer workers, clinicians, and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?

EVALUATION OR LEARNING PLAN

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

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

Learning Goal	Potential Measures	Potential Data Sources
1. Does a drop-in recovery center **increase access** to recovery services and mental health services and supports for individuals who were not previously engaged in services?	✓ Number and percent of participants who were not previously connected to substance use treatment or services ✓ Number of participants who report they would be unlikely to have accessed services outside of the drop-in center ✓ Proportion of participants from underserved populations compared to County-reported penetration rates by race/ethnicity	✓ Participant intake forms ✓ Participant surveys ✓ Participant focus groups and/or interviews ✓ Staff interviews and/or focus group ✓ BHRS service records
2. What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including	✓ Participant-reported length of time in recovery compared to previous lengths of recovery time, with goal of 60% increasing their length of recovery	✓ Participant intake and follow-up forms ✓ Participant surveys ✓ Participant focus groups and/or interviews

recovery time, number of relapses, mental wellness indicators and economic mobility?	✓ Participant-reported reduction in use of Alcohol and Other Drugs (AOD), with goal of 60% reducing AOD use ✓ Participant-reported changes in housing status, employment status, income, family and peer relationships, with goals of 65% reducing their involvement with the criminal justice system and 65% increasing their housing stability ✓ Participant reported quality of life, with goal of 65% improving their quality of life	✓ Staff interviews and/or focus group
3. Does training peer workers, clinicians, and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?	✓ Number of trainings held ✓ Number of people trained ✓ Types and demographics of people trained ✓ Proportion of trainees reporting increased knowledge and skills in WRAP ✓ Proportion of trainees reporting likelihood of using WRAP with clients	✓ Training post-surveys ✓ Staff/trainer interviews ✓ Community partner/trainee interviews

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

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

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

COMMUNITY PROGRAM PLANNING

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

In San Mateo, the CPP process for Innovation Projects begins with the development of the MHSA Three-Year Plan. A comprehensive community needs assessment process determines the gaps, needs and priorities for services, which are used as the basis for the development of Innovation projects. One of San Mateo County's MHSA Three-Year Plan prioritized strategies includes to provide integrated treatment and recovery supports for individuals living with mental health and substance use challenges. The Recovery Connection Drop-In Center addresses this priority. Appendix 2 describes the Three-Year Plan CPP process and all priorities for San Mateo County.

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

- ✓ Jan-Feb 2022: BHRS conducted outreach and convened a workgroup with community members and service providers including people with lived experience and family members.
- ✓ Feb-Apr 2022: The workgroup met three times in the beginning of the year to develop the idea stakeholder participation process. BHRS wanted the submission process to be as *inclusive* and as *accessible* as possible so that a broad range of community members would submit project ideas.
- ✓ May-June 2022: Based on ideas from the workgroup, BHRS developed frequently asked questions about INN and requirements for INN projects; created "MythBusters" to demystify the submission process; and developed an outreach plan to inform community members about this opportunity. The submission form asked submitters to describe how their project addressed the MHSA Core Values as well as San Mateo County's MHSA Three-Year Plan prioritized needs. BHRS created a comprehensive submission packet with this information, a user-friendly submission form, and the scoring criteria. The submission packet was translated into Spanish and Vietnamese. See the submission form in Appendix 3.
- ✓ Jun-July 2022: BHRS opened the submission process and conducted outreach to the community, along with workgroup members and partners. Because of the ongoing COVID pandemic, outreach was largely electronic and word-of-mouth.
    - Announcements at numerous internal and external community meetings;
    - Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, etc.);
    - E-mails disseminating information to over 3,000 stakeholders;
    - Word of mouth on the part of committed staff and active stakeholders,
    - Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa and the monthly BHRS Director's Update www.smcbhrsblog.org
- ✓ June-July 2022: As part of the outreach strategy, BHRS held an online information session. BHRS also held a session on "online research" to provide submitters with tips for how to search online for data and research for their submission. These were recorded and available on the MHSA website. The submission window was open for six weeks in June and July. Throughout that time, BHRS held technical assistance/support sessions that potential submitters could join to talk through aspects of their idea. Submitters were highly encouraged to attend a support session.
- ✓ July-August: BHRS received 19 ideas. All submitted ideas were pre-screened against the Innovation requirements, and 14 ideas moved forward to review. BHRS created a selection workgroup of four people, including BHRS staff, nonprofit providers, and people with lived experience, who reviewed

proposals and scored them based on the identified criteria. BHRS also conducted an internal feasibility review that included preliminary feedback from the Mental Health Oversight and Accountability Commission (MHSOAC). From there, four INN ideas moved forward to develop into full INN project proposals for approval by the MHSOAC.

- ✓ On October 6, 2022, the MHSA Steering Committee met to review the four project ideas and provide comment and considerations for the projects through breakout room discussions and online comment forms.
- ✓ The Behavioral Health Commission voted to open the 30-day public comment period on November 2, 2022 and held a public hearing at closing of the public comment period on December 7, 2022. All public comments received are included in Appendix 4.

MHSA GENERAL STANDARDS

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

A) **Community Collaboration**. The planning of the project was community-driven in that the idea was proposed by VORSMC based on direct feedback their organization heard from the recovery community. The Recovery Connection will collaborate closely with participants and family members, nonprofit organizations, and San Mateo County BHRS to share information and resources on recovery services and supports, and to create a seamless experience for participants as they navigate through a complex network of recovery services.

B) **Cultural Competency**. The Recovery Connection will provide culturally competent services with programs in Spanish for majority Latinx clientele and employ a peer-led recovery model with predominantly BIPOC staff who have lived experience with substance use, recovery, and mental health issues.

C) **Client/Family-Driven**. The Recovery Connection will center participants, empowering them to take responsibility for their substance use and learn to make choices in their lives to achieve and sustain their recovery. It will give participants choices in programs and services and help them understand those choices so they can take personal responsibility for their actions and investment in their own recovery on their own timeline. The evidence-based WRAP workshops enable participants to create an individualized plan to identify and understand their personal wellness goals and resources, focusing on their highest aspirations, whether related to housing, family life, employment, or any aspect of their life.

D) **Wellness, Recovery, and Resilience-Focused**. Through WRAP, peer-based services, and creating an uplifting environment that promotes recovery, the Recovery Connection will inspire wellness, recovery, mental and physical health, self-empowerment, hope, determination, connectedness, self-responsibility, friendship, and purpose.

E) **Integrated Service Experience for Clients and Families.** The Recovery Connection will conduct outreach and collaboration, and referrals and linkages, with existing substance use treatment providers in the community to bring participants in and refer them to external services and supports. For example, residential treatment programs can refer people to the Recovery Connection if there is a waitlist for beds so that people can come to the drop-in center while awaiting residential treatment.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

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

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

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

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

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

Contracted service providers for this program will be required to develop a sustainability plan that is vetted and informed by the advisory group with the goal of leveraging diversified funding for the ongoing needs of the program including opportunities for state or federal 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 individuals with substance use or co-occurring challenges through their recovery and mental health needs, MHSA funding can be an option for sustainability, a proposal of continuation would be brought to the MHSA Steering Committee and the Behavioral Health Commission for approval and to a 30-day public comment process to secure ongoing MHSA funding.

COMMUNICATION AND DISSEMINATION PLAN

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

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

MHSA implementation is very much a part of BHRS' day-to-day business. Information is shared, and input collected with a diverse group of stakeholders, on an ongoing basis. All MHSA information is made available to stakeholders on the MHSA webpage, www.smchealth.org/bhrs/mhsa. The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 2,000 subscribers.

The BHRS Director's Update is published the first Wednesday of every month and distributed electronically to county wide partners and stakeholders, and serves as an information dissemination and educational tool, 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.

a. Recovery Cafe
b. Recovery Community Center
c. Peer-led recovery community center
d. Culturally responsive recovery community center
e. WRAP and substance use

TIMELINE

A) **Specify the expected start date and end date of your INN Project**: July 1, 2023 – June 30, 2028

B) **Specify the total timeframe (duration) of the INN Project**: 5 years (4 years of services, 6 months start-up, 6 months post eval)

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

Quarter	Key Activities, Milestones, and Deliverables
Mar-Jun 2023	• BHRS Administrative startup activities – procurement and contract negotiations •
July-Dec 2023	• Project startup activities – Hire Program Director, identify location, purchase inventory/materials for the center, furniture/equipment, licensing, permits • 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 2024	• Onboarding of staff – training, relationship building, networking • Determine culturally appropriate outreach and engagement methods
Apr-Jun 2024	• Begin outreach and plan for soft launch • Determine schedule of programming, marketing, referral resources and tools • Finalize evaluation plan including data collection and input tools
Jul-Sept 2024	• Soft launch • Begin broader outreach and marketing • Data tracking and collection begins, including qualitative data collection (interviews, focus groups, etc.)
Oct-Dec 2024	• Continue soft launch • Continue outreach and marketing • Data tracking and collection • First evaluation report presented to advisory group for input, adjustments to strategies, tools and resources as needed based on operational learnings to-date and quantitative data available.
Jan-Mar 2025	• Full launch • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Apr-Jun 2025	• First 6 months post-soft launch evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2025	• Sustainability planning begins • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Oct-Dec 2025	• Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Jan-Mar 2026	• Initial sustainability plan presented • Engage MHSA Steering Committee and MHSARC through MHSA Three-Year Community Program Planning (CPP) process on continuation of the project with non-INN funds • Continue outreach, programming, referrals and warm hand-offs
Apr-Jun 2026	• Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection • Second evaluation report presented to advisory group for input, adjustments to strategies, tools and resources based on operational learnings to-date and quantitative data available.
Jul-Sept 2026	• Identify sustainability options • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Oct-Dec 2026	• Continue outreach, programming, referrals and warm hand-offs

	• Data tracking and collection
Jan-Mar 2027	• Sustainability plan finalized • Continue outreach, programming, referrals and warm hand-offs • Data tracking and collection
Apr-Jun 2027	• Continue outreach, programming, referrals and warm hand-offs • 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.
Jul-Dec 2027	• Complete evaluation activities, prepare analysis and final evaluation report due to the MHSOAC December 2027
Jan-Mar 2028	• Finalize replicable best practice model to share statewide and nationally • Disseminate final findings and evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

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

The total Innovation funding request for 4 years is $2,840,000, which will be allocated as follows:

Service Contract: $2,275,000
- $500,000 for FY 23/24
- $575,000 for FY 24/25
- $590,000 for FY 25/26
- $610,000 for FY 26/27

Evaluation: $225,000
- $40,000 for FY 23/24
- $55,000 for FY 24/25
- $55,000 for FY 25/26
- $55,000 for FY 26/27
- $20,000 For FY 27/28 (6mths)

Administration: $340,000
- $10,000 for FY 22/23 (4mths)
- $75,000 for FY 23/24
- $75,000 for FY 24/25
- $75,000 for FY 25/26
- $75,000 for FY 26/27
- $30,000 FY 27/28 (8mths)

Direct Costs will total $2,275,000 over a four-year term and includes all contractor expenses related to delivering the program services (i.e., salaries and benefits, program supplies, rent/utilities, mileage, transportation of clients, translation services, subcontracts for outreach, etc.).

Indirect Costs will total $565,000
- $225,000 for an independent evaluation contract; with the final report due by December 31, 2026. The evaluation contract includes developing the evaluation plan, supporting data collection, data analysis and preparing the annual and final reports required.
- $340,000 for BHRS county business, procurement processes, contract monitoring, fiscal tracking, IT support, and oversight of the innovation project.

Federal Financial Participation (FFP): The opportunity to bill Medi-Cal for peer support services is likely to become available by Year 2 of the INN period. In this scenario, the contractor will be able to bill Medi-Cal for reimbursement for eligible services, such as WRAP facilitator workshops, mentorship, and case management services. The contractor could bill Medi-Cal directly or through San Mateo County Behavior Health and Recovery Services (BHRS).

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

	BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
	EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**
1.	Salaries							
2.	Direct Costs							
3.	Indirect Costs							
4.	**Total Personnel Costs**							**$ 0**
	OPERATING COSTS*							
5.	Direct Costs							
6.	Indirect Costs	$10,000	$75,000	$75,000	$75,000	$75,000	$30,000	$340,000
7.	**Total Operating Costs**							**$ 340,000**
	NON-RECURRING COSTS (equipment, technology)							
8.								
9.								
10.	**Total non-recurring costs**							**$ 0**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)							
11.	Direct Costs		$500,000	$575,000	$590,000	$610,000		$2,275,000
12.	Indirect Costs		$40,000	$55,000	$55,000	$55,000	$20,000	$225,000
13.	**Total Consultant Costs**							**$2,500,000**
	OTHER EXPENDITURES (please explain in budget narrative)							
14.								
15.								
16.	**Total Other Expenditures**							$ 0
	BUDGET TOTALS							

	Personnel (total of line 1)							$0
	Direct Costs (add lines 2, 5, and 11 from above)		$500,000	$575,000	$590,000	$610,000		$2,275,000
	Indirect Costs (add lines 3, 6, and 12 from above)	$10,000	$115,000	$130,000	$130,000	$130,000	$50,000	$565,000
	Non-recurring costs (total of line 10)							$0
	Other Expenditures (total of line 16)							$0
	TOTAL INNOVATION BUDGET							**$2,840,000**

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

	BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
	ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**
1.	Innovative MHSA Funds	$10,000	$575,000	$650,000	$665,000	$685,000	**$30,000**	$2,615,000
2.	Federal Financial Participation							
3.	1991 Realignment							
4.	Behavioral Health Subaccount							
5.	Other funding							
6.	**Total Proposed Administration**							**$2,615,000**
	EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for**	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**

	the entire duration of this INN Project by FY & the following funding sources:							
1.	Innovative MHSA Funds		$40,000	$55,000	$55,000	$55,000	$20,000	$225,000
2.	Federal Financial Participation							
3.	1991 Realignment							
4.	Behavioral Health Subaccount							
5.	Other funding							
6.	**Total Proposed Evaluation**							**$225,000**
	TOTALS:							
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23 (4 mths)**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**	**FY 27/28 (8 mths)**	**TOTAL**
1.	Innovative MHSA Funds*	$10,000	$615,000	$705,000	$720,000	$740,000	$50,000	$2,840,000
2.	Federal Financial Participation							**$**
3.	1991 Realignment							**$**
4.	Behavioral Health Subaccount							**$**
5.	Other funding**							**$**
6.	**Total Proposed Expenditures**							**$2,840,000**
	*** INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting** **** If "other funding" is included, please explain within budget narrative.**							

APPENDIX 1. THEORY OF CHANGE

Theory of Change: Recovery Connection Center

Primary Problem: Low engagement in substance use recovery services for individuals at all stages of recovery

Key Considerations (from the literature)

Substance Use is a Risk Factor
- About half of individuals who develop substance use challenges are also diagnosed with mental health challenges
- Substance use can contribute to the exacerbation and/or development of mental illness

Increased Substance Use Needs
- Substance use challenges have accelerated post COVID (SMC reported a 430% increase in overdose-related referrals)
- 47% of adults in SMC said they would not know how to access treatment

Community of Support
- Services need to engage individuals at all stages of their recovery and provide accessible and comprehensive supports
- Many individuals with SUD or co-occurring SUD and SMI experience a rollercoaster of crisis and stabilization

Interventions

Peer-Based Recovery Connection Drop-In Center
- Utilizes peer support model with peer coaching and mentoring
- Centered around Wellness Recovery Action Plans (WRAP)
- Provides job readiness, employment referrals, and health and wellness classes

Responsive Outreach
- Broader than being clean and sober, focused on long-term recovery
- Centrally located, accessible by public transportation and after-hours
- Services in English and Spanish

Behavioral Health Linkages
Warm hand-offs to mental health supports, treatment, detox, and residential treatment as needed

Community Capacity Building
- Train outside providers and peers to use WRAP for substance use and co-occurring substance use and mental health challenges

Outcomes

Access, Utilization, and Linkages
- Number of individuals who were not previously connected to substance use services, and who would have been unlikely to engage in other services, choose to engage in services
- 75% participate in a minimum of three Recovery Connection activities per month

Long-Term Recovery
- Of those who complete the 8-week WRAP group and remain engaged in the Recovery Connection: 60% reduce the use of Alcohol and Other Drugs; 65% reduce their involvement with the criminal justice system; 65% increase their housing stability; 65% improve their quality of life

County Capacity
- There is increased capacity in SMC to use WRAP for substance use and co-occurring substance use and mental health challenges

Learning Objectives

Learning Goal #1
Does a drop-in recovery center **increase access** to recovery services and supports for individuals who were not previously engaged in services?

Learning Goal #2
What changes do individuals who participate in WRAP and other drop-in recovery center services experience in their **long-term recovery**, including recovery time, number of relapses, and economic mobility?

Learning Goal #3
Does training professionals and paraprofessionals in WRAP **increase capacity** in San Mateo County to use WRAP with individuals with substance use and mental health challenges?

MHSA INN Primary Purpose

Increased access to behavioral health services

APPENDIX 2. MHSA THREE-YEAR CPP PROCESS

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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

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

CPP FRAMEWORK

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

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

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

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

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

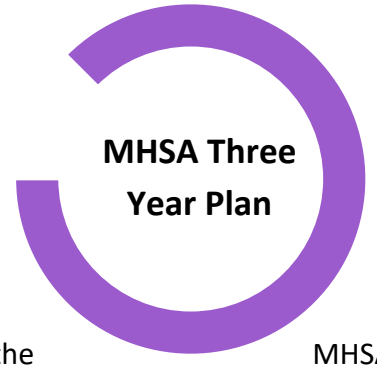
1. **Input:** 28 community input sessions and key interviews with diverse groups and vulnerable populations were conducted **to identify strategies to address the prioritized needs.** Participants brainstorm strategies in the areas of prevention, direct service and workforce training.
   Participants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

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

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

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

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



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

STAKEHOLDERS INVOLVED

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

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

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

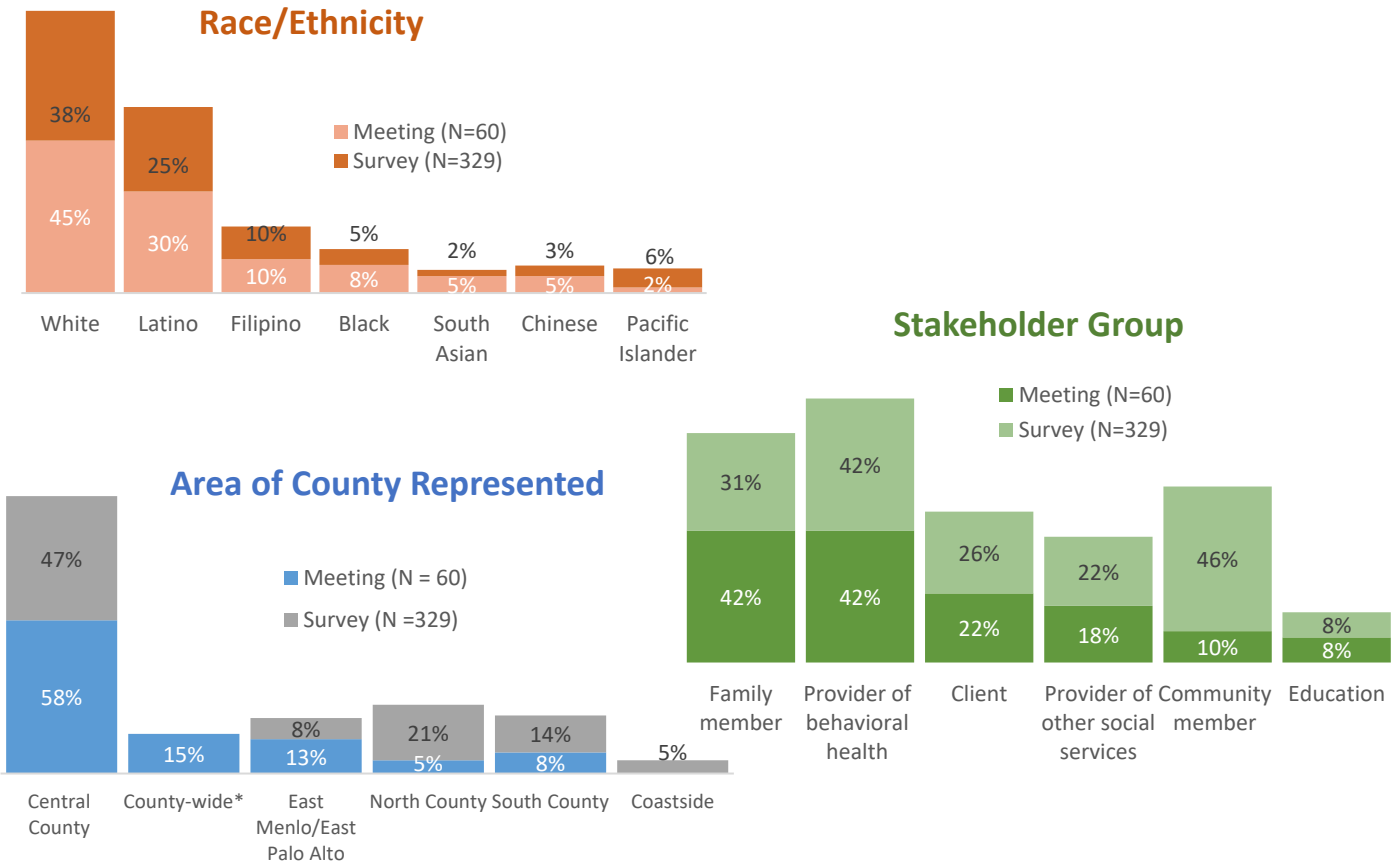
Over 400 individuals participated across the various means of providing input (surveys, input sessions, public comments). While we were unable to collect demographic data from all the Input Sessions, we

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

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

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

Demographics of participants



Input Session conducted

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

APPENDIX 3. INN IDEA SUBMISSION PACKET

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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

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

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

Then go here to submit!
[Idea Submission Form]

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

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

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

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

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Frequently Asked Questions

MHSA Innovation

What is MHSA?

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

What is Innovation?

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

What is included and excluded in INN?

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

INN projects must **either**:

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

Making a change to an existing behavioral health practice

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

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

Introducing a new approach in the behavioral health field

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

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

What happens to programs after the INN period ends?

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

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

MHSA INN Submission MythBusters

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

Myth Only organizations/agencies can submit an idea.

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

Myth Ideas can only be submitted online and in English.

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

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

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

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

Myth I will have to put together my submission quickly.

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

Myth There are no guidelines for INN project topics.

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

MHSA Core Values

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

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

Three-Year Plan Strategic Initiatives

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scoring Criteria for MHSA INN Submissions

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

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

2. **Submission Scoring**

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

Criteria	Definition	Score

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

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

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

3. Equity and Feasibility Review

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

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

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

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Idea Submission Form

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

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

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

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

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

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

Submission pre-check

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

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

Submission Information

Your Name: Email Address:

Phone Number:

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

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

   a. What services will be provided?

   b. Who will be served? (target population)

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

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

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

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

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

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

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

4c. Target populations (check all that apply)

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

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

- ☐ Yes
- ☐ No

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

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

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

- ☐ Yes
- ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

   ☐ Yes
   ☐ No

Thank you!

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

APPENDIX 4. ALL PUBLIC COMMENTS RECEIVED

Public Comments Received - Innovation (INN) Project Plans

Recovery Connection Drop-In Center

Comments in Support of the Recovery Connection Drop-In Center:

- Eric Johnson - I think voices of recovery is a great program they help people get connected with programs that to help with any situation that they're in benefit's etc.
- Camille L. - I fully support the creation of Voices of Recovery's Recovery Drop-in center. Our recovering community would benefit immensely from this useful resource as it is free of charge and will help guide them to make choices to improve their lives for the better. Drug abuse is a pressing issue, especially in the Bay Area. We must provide our community's youth and adults with the proper mental and physical health resources to navigate life after addiction. This resource will touch the lives of many and their families; I speak from experience as Voices of Recovery has helped bring my older brother back onto his feet and geared him toward success.
- Angelina Gianfermo - I recommend this project, this will be a great opportunity to serve our population.
- Sydney Reynolds - This project would not only provide more support for me but I know the community needs something like this. There aren't many drop in centers in the area and this would be a huge help.
- Recovery Connection Drop-In Center --- I met the team from Voices of Recovery at the recent Belle Haven Neighborhood Resource Fair. I found them to be an enthusiastic and well-intentioned group with practical experience in the real world in combination with formally obtained education and skills. From a policing perspective, the people with whom we come into contact who have ongoing struggles with substance abuse, mental health, or both are plentiful. Current strategies to help or refer these folks to the help they need are sometimes limited and restrictive. For example, arrest warrants for failure to appear on citations for misdemeanor crimes revolving around influence could be associated with a citation process that simply turns folks who need help back out onto the street with a ticket, for which the date is far ahead and in a very unknowable future for those afflicted with these issues. A drop-in center like the one posed by VOR could prove to be a very helpful option for those who cannot afford - in terms of their own safety and well-being - to wait until their court dates to start addressing needs happening now. I find this to be an interesting proposal that may help our county with a readily available resource. - Chief Dave Norris, Menlo Park PD
- Voices of Recovery is a service to the community of great importance. I feel with their ability to expand and reach more of the community it would be a triumph for those in need of recovery and support services. Allowing people to connect with similar experiences and connect around life situations is a useful tool and will be more than ideal for this community.

- Julie Shanson - Please continue to fund Voices for Recovery and encourage the organizations expansion to work with youth groups in SMC.
- Andrew Vukic - Voices of Recovery has done wonders for me and I continue to rely on it as if go forward with my recovery, and life. The organization acts as something I really look forward to being apart of on a weekly basis, and has helped me grow in a respectable adult like I am today. I am now in school full time, and working full time, on the way to choosing what happens next!
- This is a great idea and would love to have a safe place like this in the community. Great job !
- ShaRon Heath - The Recovery Connection Drop-In Center is not only a need but also a requirement for those seeking and in Recovery. People who are experiencing substance dependency or challenges need a place to socialize and be with other people who are liked minded. Supporting them with tools to help stay them stay in Recovery.
- Adrian Maldonado - SMC needs services which promote recovery and support.
- I heard about this project from Facebook that Voices of Recovery posted and this is an idea that would help me and my family. I am just starting out in recovery and I don't know where to go for resources sometimes. I have a younger brother who is wanting to stop drinking but he doesn't believe he can and I think if he could be in an environment where other people have gone through what he has gone through he would get the motivation he needs. The drop in mentioned they will be meeting people where they're at in their recovery and I think that's the most important concept. A lot of time in the rooms, addicts or alcoholics are fearful to go to places like this because they might not think they are far along enough to receive support. Thank you
- Stella Montanez - It is a privilege to have services such as Voices of Recovery available to the members of our community. Another program I applaud is the OCG program of which helped my son towards his road to recovery. I highly appreciate the employees that are dedicated to the cause of recovery.
- Drew Reynolds - Recovery cafe would be beneficial to me and my recovery
- David Norris - I met the team from Voices of Recovery at the recent Belle Haven Neighborhood Resource Fair. I found them to be an enthusiastic and well-intentioned group with practical experience in the real world in combination with formally obtained education and skills. From a policing perspective, the people with whom we come into contact who have ongoing struggles with substance abuse, mental health, or both are plentiful. Current strategies to help or refer these folks to the help they need are sometimes limited and restrictive. For example, arrest warrants for failure to appear on citations for misdemeanor crimes revolving around influence could be associated with a citation process that simply turns folks who need help back out onto the street with a ticket, for which the date is far ahead and in a very unknowable future for those afflicted with these issues. A drop-in center like the one posed by VOR could prove to be a very helpful option for those who cannot afford - in terms of their own safety and well-being -

to wait until their court dates to start addressing needs happening now. I find this to be an interesting proposal that may help our county with a readily available resource. - Chief Dave Norris, Menlo Park PD

- Veronica Antonelli - As both a consumer and now a person contracted by the county working for Voices of Recovery I would not be where I am today without San Mateo County AOD Services and Health Care. I have personally gone through the process of Detox (Palm Ave.), Recovery Program (Hope House), Transitional and Voices of Recovery.
- ShaRon Heath - I am in support of the Recovery Connection Drop-In Center and know that this center will be an asset to those in need of recovery
- The recovery drop-in center will provide so much support to the community. The fact that this center will be meeting people where they are at within their recovery is a game changer.
- Sydney Reynolds - The Recovery Drop in Center is going to do wonders for this community. There is no center quite like the one proposed, and it's crucial to helping those in need for support
- Susan Crosby - I recommend this project.
- Brendan Winans - The RCDIC would be a wonderful support for the SMC Recovery Community. There is nothing like it currently and it would open doors for many of SMC most vulnerable citizens and also citizens that are doing their best to go down the right path. This Center would be a boon for SMC.