MHSA Innovation Plan

Inyo County HHS Behavioral Health

2018-2021

Increasing Mental Health Supports for Perinatal Mothers and Transition Age Youth through the Use of Technology

Inyo County HHS Behavioral Health
162 Grove Street, St. J
Bishop, CA 93514
760-873-6533

INNOVATIONS DILEMMA AND OPPORTUNITY

Inyo County is a California County that has several areas of contrast. With 10,000 square miles, we are the second largest county in California, but with a population of only 18,800 we have the smallest number of persons per square mile and are one of the smallest of the small counties population-wise. We also have the highest elevation in the United States, Mount Whitney, and the lowest elevation, Bad Water in Death Valley. Only about 2% of the land is privately owned with a majority of the land being National Forest and Park, Bureau of Land Management, and Department of Water and Power. These contrasts mean that for funds that are disbursed by population and other such formulas, we rely on "minimum-based allocations" in order for us to run programs.

The Mental Health Services Act (MHSA) offered us the first real opportunity to develop ways to address mental illness and behavioral health issues in a way that could build on our strengths and uniqueness. What has still been a challenge is in the requirement to implement evidence-based strategies to fidelity standards that are difficult to meet with a small number of providers as well as a small amount of persons served. There is always a need to adapt strategies to best meet the needs of the persons served which means, at times, that fidelity requirements are at risk. What is one of our strengths in implementing strategies is that we are able to have a more responsive feedback loop so that we can dig down further into the variables that may be affecting the outcomes. We are also a bit more nimble in making course correction. For Inyo, one of the best strategies for implementation of an innovations project is to work with other counties and to look for a way to zero in on a specific population and community-defined issue that will address a specific need in our communities and move the knowledge forward into other communities. Our stakeholders have identified the need to have access to services and support in a way that acknowledges and empowers choice and uses natural support when resources are hard to reach.

Technology has offered us a new opportunity to give access to persons who may otherwise be rather isolated. What we have learned about our small population that live in our remote south county area is that they choose that area for a specific reason, including its low cost, but that they still need a responsive system when they are in crisis or choose to reach out. One of the greatest areas of challenge has been to identify resources for psychiatry and for counseling services. We have had a very talented and responsive psychiatrist who has made this community her home for many years who is now looking to retire. We must now look to other ways to address our need for psychiatry as this position is so difficult to recruit. We have been reticent to jump in to some of the use of technology, such as telemedicine, as both consumers and providers anticipated the loss of the important in-person relationship and ability for quick response and consultation. Our consumers and stakeholders have discussed at length our need to embrace technology more as we anticipate the imminent retirement of our psychiatrist. Consumers have voiced at the Behavioral Health Advisory a willingness to explore technology as a way of increasing access to services that we are otherwise challenged to provide adequately. What is also appealing to our consumers is the fact that there is some privacy in the use of the technology that can be hard to find in a small community. In a small town, a visit to a clinic can be easily observed by others familiar with the individual. Inyo stakeholders are open to exploring, as well as informing, the technology to meet their needs.

The funding for the first two years of our proposed project comes from funds at-risk for reversion. We are grateful for an opportunity use these funds for a meaningful project that will help us to test the expanded access to early mental health support through a combined use of technology, wellness recovery action planning and targeted intervention strategies. As we

looked at the Tech Suite offerings and where we might focus our efforts, we decided to address two rather different populations to test the use of one of the Tech Suite offerings, Mindstrong.

POPULATIONS FOR STUDY

The first population that we have chosen is perinatal women. As a behavioral health system in a small rural area we have an up-close view of the generational nature of family struggles and are consistently looking for ways to impact and break the cycle. As we work with persons "birth to grave", we are looking for opportunities to impact the next generation but need to do this by also supporting the current generation. We have learned in our work with mothers with addiction and trauma issues that it is equally important to support and nurture the mother while encouraging the mother to support and nurture the infant. Several of the new moms in our programs have voiced a desire for and have resonated with this type of support. There is an important opportunity through prenatal healthcare to develop the awareness around postpartum issues and taking steps to avoid the adverse childhood events that may result from the mother's level of stress and isolation.

Rather than a focus only on the pregnant and perinatal women that have come to the attention of one of our county systems, we have decided to offer the strategy to all perinatal women who give birth at our local hospital. In this way, the support is offered to all of the women and normalized as a prevention strategy based on the overall elevated risk for depression postpartum. While national statistics show that between 50-80% women feel a short-term depression related to hormonal shifts after giving birth, 1 in 5 new mothers experience more severe and longer lasting depressive symptoms ranging in a spectrum of perinatal mood and anxiety disorders (PMADs) that can occur up to a year after giving birth. Other than a single Postpartum Support International volunteer who covers both Inyo and Mono counties, Inyo does not have a dedicated infrastructure to support this group of women who are already statistically less likely than men to have an unmet need for mental health treatment according to CalMHSA's "Monitoring California's Mental Health" study of California Health Information System data published by Rand in 2018, which found that women needing treatment for a mental health issue were less likely to receive it than their male counterparts.

The other population of focus chosen is our youth transitioning out of high school and into further education or into the workforce. For Inyo's transition-age youth (TAY) population, pressures associated with transitioning from high school to secondary education or the work force can be amplified by Inyo's 4-5 hour geographic isolation from populous urban centers in any direction. This causes many contemplating a move toward independence to struggle with anxieties about navigating freeways, crowds, and urban systems without any previous experience. For youth deciding to stay in Inyo for their early adulthood, trying to find a living wage job and rent in an inflated housing market can seem just as daunting. These normal stresses can prove overwhelming when combined with an individual's physical and mental health struggles. The potential to be able to identify and intervene with a high school senior who needs a higher level of care at this emergent time in life could prove invaluable if in advance of trouble with grades, graduation, or ineligibility to play sports, a youth could receive targeted support that carries over into his or her stage of life transition.

PROPOSED PROJECT

In order to increase access to support and the development of wellness strategies for perinatal mothers and those transition age youth at the younger end of the age spectrum in our

communities, Inyo is proposing a pilot program utilizing Mindstrong's digital phenotyping technology, psychoeducation, and clinical support services for these two populations.

Mindstrong's app is designed to track nine features of an individual's cognitive and emotional functioning through their everyday smart phone usage, so it can serve as a "fit bit" for mental wellness, alerting users and their designated spheres of support when prolonged warning signs indicate that a new mom or a young adult could benefit from light intervention. It also allows clinicians to check on mothers or youth in the privacy of their home settings via text message -- decreasing stigma and social effort obstacles associated with seeking traditional office-based services -- and offering an assessment, case management, and referral safety net for more serious cases that could benefit from in-person service provision.

Inyo will also be contracting with Mindstrong for additional psychoeducation and clinical support services. Mindstrong's staff of clinicians will be monitoring clients continuously so they can intervene at the appropriate time to offer supports, and if necessary, local in-person service referrals. While there has been some concern voiced by some stakeholders about whether the Mindstrong app will result in persons feeling that "big brother" is watching, when the app is explained in clear terms, it actually has been experienced as providing a high degree of privacy in a small town where persons whereabouts can be observed and labelled by others. In addition,

WHAT HAS BEEN DONE WITH MINDSTRONG ELSEWHERE

Mindstrong is part of the Tech Suite Project sponsored by CalMHSA, a joint powers organization formed to allow statewide and regionalized MHSA programs that neighboring Kern, Mono, Modoc, and Los Angeles counties are participating in, but each is using this technology in different innovative ways. Kern is using this app along with another, 7 Cups, to explore a new approach to mental health service that they believe will allow them to reach populations not comfortable in a clinical setting and help decrease stigma of mental illness through active online outreach. Mono is also utilizing both 7 Cups and Mindstrong to increase access for patients with Severe Mental Illness (SMI) in remote areas; and find out whether the passive data collection in Mindstrong can help prompt behavioral change in users, or if this data can better inform the need for mental health interventions among community college students. Modoc and Los Angeles are focused on these tools for early detection to improve intervention services to their SMI population.

INYO PROJECT FOCUS

Inyo's innovative approach not only targets two very different populations from other Tech Suite counties, but it also utilizes the Mindstrong tool alone, opting to contract for extra psychoeducational and clinical services from this sole provider for more streamlined oversight and a more comprehensive approach to care for new moms and TAY. In this way we are proposing to increase access to tele-therapy when needed.

Another unique component of our pilot we hope to explore with Mindstrong is the potential to integrate the framework of Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP) -- a SAMHSA Evidence Based Practice that the University of Illinois at Chicago's research found led to significant positive outcomes for individuals with severe and persistent health challenges.

WRAP was developed by people who had lived with the challenge of severe mental illness for years and had experienced related psychiatric hospitalizations, social isolation, economic

hardships, and disenfranchisement in their own treatment and recovery. Because its core values of hope, personal responsibility, education, self-advocacy, and support are already aligned with Inyo County HHS Behavioral Health's efforts to adopt the Strengths Model from the University of Kansas, integrating this EBP into the patient-driven planning that is already a part of Mindstrong's onboarding process holds potential to not only benefit our pilot program clients, but ultimately many other Inyo populations with severe mental illness or with addiction issues that this technology could potentially aid as well.

Our Project Goals Include:

1) **Completing the planning process and infrastructure build out (September 2018 to February 2019)**

    a. Demo Mindstrong to a group of stakeholders involved in the planning process to include expectant mothers or perinatal women and younger transition age youth or parents of transition age youth as well as interested participants from the Behavioral Health Advisory Board and other MHSA stakeholders.
    b. Demo Mindstrong to hospital administrators, nurses, obstetricians and pediatricians so they can refer and monitor patients.
    c. Demo Mindstrong to high school administrators, counseling staff, teachers and parents to lay the groundwork for community support for youth usage.
    d. Work with Mindstrong to incorporate the Wellness Recovery Action Plan (WRAP) process into their patient onboarding protocol to ensure that clients benefit from psychoeducational process of determining their own preferred contacts and action steps for times when they need support or intervention.
    e. Send Inyo's select population information to TechSuite-contracted evaluators so preliminary measures and methods are established in advance of the program roll-out.

2) **Using passive sensory data from digital phenotyping technology to support perinatal mothers (January 2019 to June 2021)**

    a. Train hospital administrators, obstetricians and pediatricians so they can refer and monitor patients.
    b. Train hospital NEST program nurses so they can help 3rd trimester patients download the app when they are setting up their birth and breastfeeding plans, and touring the hospital.
    c. Reinforce knowledge of Mindstrong and the benefits of wellness recovery action plans through literature in the First 5 Inyo New Parent Kits distributed through Northern Inyo Hospital and Inyo First 5.
    d. Send alerts to the designated family members or friends of perinatal mother who are her self-designated sphere of support when her data shows prolonged atypical activity.
    e. Mindstrong clinical staff will also connect with moms exhibiting atypical activity to offer resources, psychoeducation, and if necessary refer to local care.
    f. Gather data from participants about the quality of their Mindstrong experience, the level of support they received, and any changes they suggest to the system

3) **Using passive sensory data from digital phenotyping technology to support transition age youth (February 2019 to June 2021)**

a. Identify a pilot group of 10-20 TAY to pilot the use of the app and to communicate with the Mindstrong developers.
b. Train high school clinic nurses and counselors so they can help students download the app, and so they can participate in supporting TAY in conjunction with Mindstrong, Northstar Counseling, and Inyo County HHS Behavioral Health (ICHHS/BH) clinicians.
c. Set up protocols with Northstar Counseling and ICHHS/BH staff so that Mindstrong referrals for face-to-face services are logged to ensure robust follow-up has occurred, and this gets communicated back to referring agent.
d. Reinforce knowledge of Mindstrong and the benefits of Wellness Recovery Action Planning through literature mailed to students and parents, and distributed at Parent Teacher Conferences.
e. Meet with high school organizations (Prevention Youth Coalition, AVID, NASA, etc.) and their parents to springboard signups in advance of launch.
f. Open pilot to Juniors at all county high schools (Bishop, Big Pine, Independence, Lone Pine, and Shoshone) after the winter break in January 2020.
g. Mindstrong clinical staff connect with TAY exhibiting prolonged atypical activity.
h. Analyze data from Mindstrong for emergent relating to common stressors, level of support clients feel they received, or improvements that could be made to their care experience.

4) Completion of outcome evaluation and any recommendations for future programming or uses, including the following overarching learning questions:

a. What percentage of Mindstrong participants from each population rate this intervention as helpful enough that they would recommend it to a family member or friend?
b. Did inclusion of WRAP tool and information enhance consumer empowerment in their Mindstrong experience?
c. Did Mindstrong participants increase their ability to identify cognitive, emotional, and behavioral changes that impact their sense of wellbeing, and take action to address them with self-selected friends or family members before clinical intervention contacts were necessary?
d. What number and percentage of new moms needed a primary, secondary, or tertiary level of intervention for stabilization after initial contact with a Mindstrong clinician?
e. Did new moms who received a Mindstrong service report that it improved their feelings of isolation, or normalized/destigmatized any feelings they were experiencing related to depression or anxiety?
f. Do a higher percentage of high schoolers who opt to use Mindstrong report successful transition to graduation and beyond?
g. Do a higher percentage of high schoolers who opt to use Mindstrong avoid loss of sports eligibility, or avoid earning an incomplete or failing grade during their senior year when compared to the rest of the high school senior population?
h. What approaches and product education efforts help clients understand Mindstrong's design as a beneficial monitoring tool within their personal control, rather than perceiving it as invasive tracking system administered by an external entity? Are their privacy and information concerns that clearly need to be addressed when promoting this service, such as the fact that conversations are NOT recorded, etc.?

LEARNING GOALS / PROJECT AIMS

The overall aim of this project is to test how digital phenotyping technology can be harnessed to provide a new tool for prevention or early intervention with some underserved populations in our county. However, a successful pilot program with positive outcomes for perinatal mothers and transition age youth in Inyo with this technological approach could lay a foundation for spreading this tech to an even more diverse field of clients with a variety of behavioral health needs. Because this technology holds the potential to signal patients (and their self-determined sphere of care) that early, accurate signs of relapse, remission, or even efficacy of treatment are occurring, it also could reduce the high cost of care associated with higher levels of intervention that occur in cases where prevention and early intervention opportunities go unnoticed.

Inyo's evaluation will work to tease out both the local and global implications related to this project. Through digital phenotyping passive data related to three core areas of our clients' cell phone usage will be tracked. Sensors on smart phones will register a client's activity, location, and response times; Keyboards on phones will measure their attention, memory, and executive functions; and voice measures will analyze for prosody, sentiment, and coherence. These nine measures aggregate on a client's phone as various colored graph lines (the app calls them brain biomarkers) tracking cognitive control, working memory, processing speed, verbal fluency, positive mood, and negative mood in real time.

Clients are able to view their brain biomarkers on their phone whenever they would like, and they can permit a select friend or family group to monitor this information via smart phone as well if they would like to flex their personal resource network prior to clinical contact.

Working with the Mindstrong developers to incorporate WRAP principles and educational support tools into the care offered through this tech is another important component we hope will increase our understanding of how client-developed and client-driven tools enhance consumer satisfaction and engagement. We will also be working with Mindstrong to develop literature that pertains to data, privacy, and security to ensure that all users are educated on the particulars of this application to better earn and maintain public trust.

<u>Measures tracked by Mindstrong will tell us the following:</u>

- What number and percentage of users in each target group remain stable throughout their time participating in Mindstrong without need of a supportive intervention
- What number and percentage of users utilize outreach from family or friends
- What number and percentage of users receive outreach and care from Mindstrong clinicians
- How frequent and intensive is that Mindstrong support
- What number and percentage of users are referred to local care in Inyo as part of their management plan after Mindstrong care occurs

Beyond the passive data gathered by Mindstrong, we also hope to learn about user's experience with this technology, and if there are specifically replicable benefits that these populations achieve. This feedback will be gathered through user groups and surveys.

That includes these goals:

- Users report Mindstrong increased their awareness of their own wellbeing, and active steps they can take to support it.
- Users report that Mindstrong removed mental health access barriers such as concerns about stigma and confidentiality.
- Families and friends synced to a patient's alerts report they have observed benefits in improved recovery times, mood stabilization, or willingness to reach out for support.
- The integrated WRAP approach increases users' sense of control and agency in their own recovery.
- Users report that Mindstrong normalized their experience of depression or anxiety, and decreased their sense of isolation.
- Perinatal clients perceive the personal benefits of Mindstrong so clearly they would recommend Mindstrong to their family and friends, or utilize Mindstrong again themselves during another pregnancy and perinatal event.
- Higher percentages of high schoolers using Mindstrong maintain their grades, sports eligibility, and graduate at higher rates than high schoolers opting out of Mindstrong participation.
- A percentage of high school graduates continue to use the application as part of an ongoing support strategy.

Another exciting evaluation component of this multi-county project will be participating in Mental Health Services Oversight & Accountability Commission (MHSOAC) Innovation summits and forums to unpack the cross-county experiences and lessons learned about the variety of ways these tech tools were utilized. Learning about other counties promising outcomes as well as their challenges and strategic solutions will add an extra dimension of benefit to this innovations project. We anticipate that a wide range of future project ideas will be generated by the use of similar tools for such different purposes and populations, and look forward to these discussions.

CONTRACTING

Contracts will be jointly developed through the authority of CalMHSA to ensure that fair pricing and processes are followed. This is a benefit Inyo is especially grateful to CalMHSA and other Tech Suite partners for, since leveraging the buying power of larger counties like Los Angeles allows us access to interested tech developers and evaluators who might not be attracted to a stand-alone project with our small population and pricing numbers.

Inyo County HHS Behavioral Health will ask potential contractors to provide detailed scopes of work, proof of adequate capacity, quality of care provisions, and to participate in financial and program monitoring efforts under the oversight of ICHHS/BH if awarded a contract.

Inyo will maintain their relationship with the contractors through telephonic, electronic, and face to face meetings, and will ask for proof of internal monitoring processes related to verifying provider licensing, insurance, and complaints/appeals policies. Contractors will also demonstrate their ability to fulfill all of ICHHS/BH's policies and procedures, especially those pertaining to client confidentiality, securing PHI/PII, and the ICHHS/BH Employee Code of Conduct.

STAKEHOLDERS & COMMUNITY PROGRAM PLANNING

Inyo County Behavioral Health Advisory Board members
MHSA Consumer Stakeholder group
Youth participants from Behavioral Health services
Gail Zwier, Ph.D. - Inyo County HHS Deputy Director of Behavioral Health
Karen Rathburn, Ph.D. - ICHHS/BH Child and Family Program Manager, with special expertise in early childhood mental health
Serena Johnson - First 5 Inyo Program Manager and expectant mother
Sarah Raley - Perinatal Mother
Chelsea Stockton - Perinatal Mother
April Eagan - Inyo HHS Public Health & Prevention High School Youth Coalition Coordination
Catherine Grisham - Inyo County HHS Behavioral Health Perinatal Addictions Program
Colleen McEvoy - Northern Inyo Hospital Clinic Nurse at Bishop High School
Courtney Diffner - Postpartum Support International, Inyo/Mono Supportive Contact
Marjorie Neer - Toiyabe Indian Health Project Public Health
Kate Morley - Toiyabe Family Services Youth Prevention Grants
Jody Veenker, Miquela Beall (also TAY parent), and Stephanie Tanksley - Inyo County HHS Evaluation and Outcomes Team
Topah Spoonhunter – Inyo County Privacy Officer
Scott Armstrong - Inyo County Security Officer
Lisa Fontana, Ph.D. - Current Inyo County Superintendent of Schools
Barry Simpson - BishopSuperintendent & incoming Inyo County Superintendent of Schools
Karen Watson - Inyo County Superintendent of Schools Special Education & Counseling Manager
Kevin Flanagan, MD. - CEO of Northern Inyo Healthcare District
Northern Inyo Hospital Perinatal and NEST nursing staff

PUBLIC COMMENT

After a 30 day posting of the Innovations Plan, a public hearing was held by the Behavioral Health Advisory Board on July 30, 2018. The meeting was attended by a total of 18 persons, including six consumers and two family members. One participant was TAY, fourteen were adults and three were older adults. All comments were in support of the project and a strong interest was voiced for the populations proposed with interest expressed for additional populations in the future. Comments underlined the importance of youth giving input on the app to the developers. A question was also asked regarding Spanish capability. The participants from the Advisory Board voted to approve the plan. Only one email was received in the public comment and it was in support of the plan. No substantive revisions were suggested as to the content.

CULTURAL COMPETENCE & STAKEHOLDER EVALUATION INVOLVEMENT

The use of technology in general has been discussed in our Behavioral Health Advisory for the past couple of years as we have looked at staff retirements and turnover. There is an expressed interest in exploring this tool to expand access to specialty services and intervention strategies. An example of a different type of technology that we have begun to implement is in the use of neuro-therapy offered locally but with an offsite psychologist through teleconferencing. Our stakeholders have been excited to embrace this technology and to explore different ways of addressing our remoteness. At the same time, it is clear that our consumers want to make sure that recovery principles remain in place. There were several populations considered for this project with a decision to focus on the perinatal population and the TAY population.

ICHHS/BH staff held a specific MHSA stakeholder meeting at our Bishop Wellness center to gauge support for the projects. Ten consumers attended the meeting a voiced support and interest in the project. A small group of youth consumers also met to give input on the project. Curiosity and interest were also voiced here with one youth asking if this could be something that her mom could get and use right away. Another youth was concerned that the product be offered in Spanish. Both the MHSA consumer stakeholder group and the youth will continue to be involved in planning and implementation.

ICHHS/BH also held stakeholder meetings with staff from several health agencies as well as with participating perinatal or expectant mothers to see if the proposed project was relevant to their needs and experience. Stakeholders filled out a preliminary survey and the results were used in program planning.

For the TAY population, ICHHS/BH plans to test out the app experience with a pilot population at a single high school, taking advantage of monthly AVID and Prevention Youth Coalition meetings to get feedback from participating youth for 6 months before rolling the project up to the entire countywide high school senior population.

Our stakeholder surveys will address the MHSA standards to see if there is a community partner that hasn't yet been included in our planning and dissemination process, review the cultural competency component for our participants to see what additions need to be made, regularly survey of consumers and consumer-identified friends and family who also download the app to capture their voice, and see if the addition of Wellness Recovery Action Plan education and processes to onboarding in the app helps clients feel the service is centered around recovery and resilience principles.

COMMUNICATION PLAN

In order to make sure that the results of our innovations project are communicated to our community --and beyond to our statewide Tech Suite partners -- ICHHS/BH plans to do the following:

1) Administer monthly data aggregation and semester surveying to participants so that it is easy to give ongoing summaries of project outcomes and challenges at quarterly QIC and BHAC meetings.
2) Monthly report to the Behavioral Health Advisory and MHSA Stakeholder group to make sure that project continues to align with MHSA principles and priorities.

3) Attend any multi-county innovation summits to learn from other tech suite counties and to present our experiences and findings
4) Inform the county Board of Supervisors annually of project outcomes, and disseminate this report to county partners in participating and supportive agencies as well
5) Publish an outcomes report at the end of the project with recommendations for continued or related programming
6) Enlist our partners in health and school settings in spreading the word about the availability our tech services and the potential they hold for clients to monitor and plan for their personal wellbeing.

TIMELINE & MILESTONES

June 30, 2018 - 30-day public posting of project

September 2018 - Anticipated presentation to the MHSOAC

October 2018 – Development of informational brochures, flyers, and permission forms to help promote the service & sign-up process tailored for the perinatal population.

November 2018 - In-person demonstration from Mindstrong for stakeholders, including population representatives, as well as hospital administrators, nurses, and physicians.

November-December 2018 - Planning for client information sharing process, contracts, and permissions.

January 2019 – Hospital NEST nurses launch downloading app with 3rd trimester moms on planning visits.

February 2019 - First month of aggregate use perinatal data sent to Inyo HHS Behavioral Health for review and monthly reports to follow the first week of every month thereafter.

February 2019 – High School Pilot planning with counselors & health clinic nurse and parent permission for pilot TAY launch with 10-20 identified participants.

March 2019 – App downloaded for TAY pilot participants.

April 2019 – First month of aggregate use of pilot TAY data sent to Inyo HHS Behavioral Health for review and monthly reports to follow the first week of every month thereafter for pilot group.

May-August 2019- Interaction between TAY pilot participants and Mindstrong developers.

September- November 2019 – Planning meetings with Bishop High, Big Pine, Independence, Lone Pine, and Death Valley administration to introduce the app and get their buy-in. Potential Mindstrong joint presentation.

November-December 2019 – High School Admin roll out app information to teachers and other staff.

December 2019 – Information on app sent home to parents of juniors at every school

January 2020 – School event app promotion, parent permissions collection, and incentivized downloading at Bishop, Big Pine, Independence, Lone Pine & Death Valley.

February 2020 - Aggregate data from all high school participants sent to Inyo HHS Behavioral Health for review and monthly reports to follow the first week of every month thereafter.

February 2020 – Annual data for perinatal clients reviewed for potential outcomes and improvements by ICHHS/BH

February 2020 – ICHHS/BH and NEST staff mail, email, and phone perinatal participant benefits survey.

May 2020 – 3 month TAY initial data review for larger TAY population and promo for the next class.

August 2020 – Back to school night app promo, re-education with parents & sign-ups.

January 2021 – TAY benefits survey distributed through school email account systems

February 2021 – Perinatal and TAY data review

May 2021 – Perinatal friends and family surveying effort

June 2021 – Perinatal and TAY data outcomes report and future project recommendations

BUDGET NARRATIVE & SUSTAINABILITY PLAN

Inyo HHS/BH anticipates their share of the Tech Suite project expenses not to exceed $450,000 over the 3 years of service. It is proposed that the first two years of the project (through June 30, 2020) in the amount of $316,256 be funded by the MHSA Innovations funds otherwise scheduled for reversion. The third year of the project will continue to use current Innovations funds. In conjunction with CalMHSA , who is acting as the fiscal agent for counties in this collaborative program, ICHHS/BH developed a budget based on the joint elements that they plan to utilize.

Local county staff and provider contracting costs as well as administrative costs are anticipated at about $55,000 per year. These costs will include costs for training in WRAP, incentives for participation, coordination costs both within ICHHS and with external partners, as well as county administrative costs. The multi-county Tech Suite service, evaluation, and outreach costs at $285,000. The bulk of the Tech Suite funding, $244,691, is dedicated to Mindstrong technology for Inyo's annual anticipated target populations of 200 perinatal mothers and 200 transition age youth.

This project will begin with a focus on the populations described above. If the intervention proves successful, we may look for continued funding in the area of prevention/early intervention. In this case we will have in place the collaborative partners of the hospital who we are partnering with to administer the perinatal project, and the schools who are helping with the TAY project. They will have a vested interest in seeing these supportive services continue if they benefit the community members they serve. These institutions could be powerful partners in developing a plan for long term sustainability if our programs prove successful. Also, if effective, we will look for spread to additional populations with some anticipated use with the populations such as persons with co-occurring illness and criminal justice involvement with possible use with full service partners.

2018-2021 INYO TECH PROPOSED PROJECT BUDGET

Expense	Description	FY 2018-19	FY 2019-20	FY 2020-21	Totals
Mindstrong	*Start Up fee & Development fund *Annual Licensure *Clinical services	$11,252 $2,813 $75,000	$0 $2,813 $75,000	$0 $2,813 $75,000	$244,691
Tech Suite Evaluator	*Start up fees *Local customization *Annual Licensure	$11,252	$2,813	$2,813	$16,878
Tech Suite Outreach & Marketing	*Start Up fee *Annual local project fee	$4,688	$1,875	$1,875	$8,438
Tech Suite Admin	*CALMHSA coordinator contracting and other admin costs	$13,750	$0	$0	$13,750
Inyo Staff & Admin	*ICHHS/BH staff oversight *Local promo & incentives *Provider support *ICHHS Outcomes and Eval *fiscal contracting/admin	$55,000	$55,000	$55,000	$165,000
TOTAL		**$178, 755**	**$137,501**	**$137,501**	**$448,757**

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