



**Marin County Behavioral Health and Recovery Services (BHRS)
Mental Health Services Act (MHSA) Innovations Project Proposal
August 2018**

Utilizing Technology to Increase Access to Mental Health Services and Supports for Older Adults in Marin County

Total INN Funding Requested: \$1,580,000

Program: Innovation Technology Suite with a Focus on Older Adults

Duration of Inn Project: 36 months

Section 1: Innovations Regulations Requirement Categories

General Requirement

The proposed project: Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

Primary Purpose

The proposed project: Increases access to mental health services to underserved groups.

Section 2: Project Overview

Primary Problem

The following Innovation proposal was developed based on a nine-month community planning process (November 2018- August 2019) involving community members, providers and other stakeholders. Ideas that emerged from focus groups, stakeholder convenings and through the MHSA advisory committee were incorporated into the conceptual design and plan.

During the FY2017-20 Three-Year Planning process and public comment period, stakeholders identified a need for additional mental health resources to support the growing older adult community in Marin County, particularly those who are isolated, often due to lack of access to transportation, physical limitations, anxiety or depression, loss, or for fear of stigma related to mental illness or cognitive impairment. Stakeholders voiced interest in enhancing access to information and technology that could provide support and linkage to mental health resources for older adults exhibiting signs of mental illness.

Marin’s median age (46.1 years) is 10 years older than the state as a whole (36.3 years). It is the oldest county in the Bay Area, with adults over the age of 60 making up approximately 28% of the total population¹.

30% of Marin adults 65 or older live alone, in isolated communities such as West Marin that are rural, hillside and suburban neighborhoods and have more difficulty accessing social networks, transportation and services. Older adults are at risk of not receiving behavioral health services that can prevent or slow down progression of symptoms for mental health issues. They often face numerous barriers to accessing care including limited mobility, social isolation, and stigma about receiving mental health treatment. This can lead to an exacerbation of mental health symptoms. Moreover, loneliness and social isolation increase the risks for depression and other mental health conditions, as well as mild cognitive impairment.

In 2016 the Marin County Health and Human Services, Aging and Adult Services conducted a needs assessment and one of the top issues identified by older adults as critically important was “feeling isolated or depressed.”²

Proposed project

Given the demographics of Marin County and the need for targeted supports to address the unique mental health concerns of older adults, Marin County BHRS intends to utilize a “suite” of technology-based mental health resources through a multi-county collaborative project. Marin County estimates that the number of individuals engaged in the technology aspect of this Innovation project will be approximately 200 annually with 300 additional people trained each year through the outreach efforts teaching them how to detect behaviors that might reflect mental health or cognitive issues and how to compassionately respond and connect them to resources.

Marin County Behavioral Health and Recovery Services and its partners intend to utilize the technology suite to engage our target population—older adults—in mental health supports and services that they may not otherwise have access to. Technology-based services—intended to reduce the need for emergency psychiatric treatment—would provide prevention, early

¹ https://www.aging.ca.gov/data_and_statistics/facts_about_elderly/

² https://www.marinhhs.org/sites/default/files/files/servicepages/2016_03/areaplan20162020.pdf

intervention, and supports to clients, caregivers, and families through peer counselors and a variety of evidenced based therapeutic modalities.

Research indicates that computerized provision of therapeutic interventions—such as cognitive behavioral therapy—has the capacity to reduce symptoms of anxiety and depression while offering effective supports to those who may not have otherwise engaged in treatment.³ Studies that have looked at the use of technology amongst retirees and isolated older adults suggest that providing these alternative modes of support and social interaction can lead to reduced loneliness and improved overall health and mental health.⁴

As stated in previous county technology suite proposals, this project, implemented in multiple counties across California, will bring interactive technology tools into the public mental health system through innovative applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Innovation serves as the vehicle and technology serves as the driver, promoting cross-county collaboration, innovative and creative solutions to increasing access and promoting early detection of mental illness and signs of decompensation, stopping the progression of mental illness and preventing mental illness all together.

To support the rollout of the components of the technology suite (outlined in the next section) and optimize chances of successful implementation, the proposed project would include the following additional components:

- **An expansion of existing Marin County BHRS older adult Senior Peer Counselor (SPC) program:** This program is designed to support older adults, age 60 and above, who suffer from mild, moderate, or severe mental illness. The goal of the program is to improve social & emotional functioning in order to preserve independence, physical health, dignity and purpose. The target population is older adults, age 60 and above, who are unserved, underserved, or not optimally served by traditional mental health services. Building on this existing infrastructure, a cohort of peer counselors from the community will be trained to provide support to older adults via the technology app as well provide in person support. Five sub-cohorts will be formed, targeting geographic or cultural sub-groups within Marin. They will be supervised and trained by current SPC program supervisors.
- **Training on mental illness in older adults and use of technology apps:** This project integrates a creative approach to increasing awareness about mental illness in the older adult community as well as disseminating information about the services available through the tech suite. Through *Detect and Connect*—a locally developed workshop

³ “Self-Guided Psychological Treatment for Depressive Symptoms: A Meta-Analysis” Cuijpers et. Al. June 2011.

⁴ “The Benefits of Social Technology Use Among Older Adults Are Mediated by Reduced Loneliness” Cybersychol Behav Soc Netw. Sept 2016.

designed to share information on how to detect behaviors and symptoms in older adults that might reflect mental health issues—community members will learn about the services available through the technology suite and how to access them. *Detect and Connect* was created by the Marin Aging Action Initiative, a collective of over 125 different agencies, grassroots organizations, commissions and neighborhood groups invested in and working on behalf of older adults in Marin County.

The workshop targets a wide array of community members including: first responders and public safety personnel, staff of public service and transportation agencies, civic groups, hospital staff and other medical personnel, business owners, landlords, social-service administrative staff, faith-based organizations, and other people who are in contact with older adults on a daily basis such as bank tellers, cashiers, and car salespeople. Through the workshops, community members and older adults will be trained about how to recognize and support the unique mental and cognitive health needs of older adults and how to utilize the services available through the “tech suite” apps as well as other resources in the community. A cohort of 8 trainers will be trained each year of this project to build up capacity and longer-term sustainability. These workshops will target approximately 300 people per year and will be a significant aspect of a comprehensive outreach strategy that will be further developed.

In addition to participation in the broader multi-county evaluation and learning collaborative, BHRS will develop specific learning goals and evaluation questions tailored to the needs of Marin County.

Population

- Socially isolated older adults, including those experiencing or at risk of loneliness or depression (such as West Marin and other remote areas of the county)
- Clients or potential clients in outlying or rural areas and isolated hillside and suburban neighborhoods who have difficulty accessing care due to transportation limitations.
- Older adults who are at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness
- Caregivers who are at risk for developing mental health symptoms or who need additional emotional support
- Older individuals with mild to moderate mental health symptom presentations, including those who may not recognize that they are experiencing symptoms

Innovative component

Provision of mental health services through technology-based platforms is an expanding field, including Aging Services Technology designed to address depression and other chronic conditions in older adults.

However, a multi-county technology based approach to increasing access and linkage to mental health services for underserved communities has not been tested. As Los Angeles County writes in its Innovation Plan: "...MHSA has funded outreach and engagement staff, Service Area Navigators, Promotores to outreach and engage individuals with mental health needs into mental health care. While these approaches have been effective, in order to make a greater impact in reducing the duration of untreated mental illness and disparities in mental health treatment, early detection, outreach and engagement strategies must evolve. This project seeks to test out the use of a set of technology tools to identify individuals who may need mental health care and to reach these individuals for whom we have not been successful in identifying or engaging through methods that have become increasingly relevant to specific populations."

Components of the "Technology Suite"- 7 Cups

The "Technology Suite," which will be available to all Marin County residents free of charge and will enable users to monitor their progress overtime. These online services will offer access to supports not only for individuals who face barriers in accessing in-person mental health supports but for those that may prefer non-traditional service delivery methods.

The primary components of the Tech Suite include:

- 1. Online Peer Chat and Support Groups:** Users will have access to a network of web-based trained and certified peers (both local and non-local, users' choice) that are available to chat and provide support 24/7 to individuals (or their family members) experiencing symptoms of mental illness or distress. Individuals may log on at any time to access support for a range of mental health issues (i.e. depression or anxiety), and to select listeners that best meet their needs or preferences such as listener expertise/specialty or demographic fit (i.e. age, veteran status, etc.). "Listeners" provide support in 140 languages. During the customization period, Marin County will work with the collaborative to further develop the menu of options so that they are tailored to meet the needs of older adults and caregivers. The technology platform will serve as both a resource for prevention and early intervention supports as well as a linkage to additional resources for those in need of more intensive supports. Additional Marin County specific information on resources and supports will be available through the Marin County HHS and BHRS websites.
- 2. Virtual Therapy Using an Avatar:** Virtual, evidence-based on-line treatment protocols using treatment algorithm-based avatars to deliver clinical care. Through the Avatar, individuals can access evidenced based practices such as mindfulness exercises, dialectical behavior or cognitive behavioral treatment interventions. Individuals may log on 24/7 from their home, mobile device, clinical or community-

based settings. This feature will be “unlocked” and free for anyone (regardless of age) logging onto the website from within the County of Marin.

Overall goals of the project are to:

Please note: the following is a list of project goals proposed by partners participating in this multi-county innovation plan. Marin has added specific goals that focus on our target population.

1. Detect mental illness, such as depression, earlier:
 - In Marin County, detect mental illness among older adults and caregivers through community trainings and technology
2. Intervene earlier to prevent or address mental illness and improve client outcomes:
 - In Marin County, utilize technology tools to intervene earlier with older adults experiencing depression and early signs of mental illness to prevent decompensation and ultimately hospitalizations and residential placements
 - Help isolated older adults age in place with additional emotional and mental health support from the technology suite
3. Provide alternate modes of engagement, support and intervention:
 - In Marin County, provide interested older adults and caregivers with alternative modes of engagement, support, and intervention utilizing technology. For communities of color and non-English speaking older adults, provide supports that may otherwise be difficult to access due to stigma, language barriers, cost, etc.

Additional Goals of the collaborative project include:

1. Utilize technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness. Examples include:
 - a. Virtual peer chatting through trained and certified paid peers with lived experience.
 - b. Virtual communities of support for specific populations
 - a. During the customization phase Marin could expand virtual community target populations to include different groups: e.g. caregivers of loved ones with dementia, support for people recently diagnosed with dementia or other cognitive impairments, those experiencing depression, trauma and other populations.
 - c. Virtual chat options for parents with children engaged in the mental health system—and for loved ones of adults with mental illness

- d. Virtual manualized interventions, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion.
 - e. Referral process for customers requiring face-to-face mental health services by County Department of Behavioral Health and Recovery Services.
2. Virtual manualized evidence-based interventions delivered via an avatar, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion. Examples include:
 - a. Computerized-Cognitive Behavioral treatment, as well as other treatment constructed by clinical experts in the behavioral health field.
 - b. Interactive interface with the capability of customization and modification based on user's feedback.
 - c. Referral process for customers requiring face-to-face mental health services by County Department of Behavioral Health and Recovery Services Protocol to determine when a user may need to be referred for mental health assessment, including when a user may require an emergent evaluation.
 - d. Creation of a directory for referrals to mental health services.
 - e. Virtual services that maintain system user identities anonymously and any identifying information is not displayed in any publicly available area of the product(s).
 3. A strategic approach to access points that will expose individuals to the technology-based mental health solutions. Examples include:
 - a. Trainings utilizing the *Detect and Connect* model developed in Marin County and technology focused trainings
 - b. Engaging users through social media, the Departments of Mental/Behavioral Health websites and other digital platforms and approaches.
 - c. Engaging mental health organizations such as the National Alliance for Mental Illness (NAMI) groups to promote use.
 - d. Engage public locations such as libraries, senior centers, universities, nursing homes, community based organizations or parks in setting up kiosks or encouraging use.
 - e. Providing resources, tools and linkage to technology and services through the expansion of county peer Senior Peer Counseling program.

Overarching Learning Questions:

Please note: the following is a list of learning questions proposed by other partners participating in this multi-county innovation plan. Marin has added the specific demographics that will be targeted in this plan.

1. Will older adults either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?

2. Will older adults who have accessed virtual peer chatting be compelled to engage in manualized virtual therapeutic interventions?
3. Will the use of virtual peer chatting and peer-based interventions result in users [older adults], reporting greater social connectedness, reduced symptoms and increases in well-being?
4. What virtual strategies contribute most significantly to increasing an individual's capability and willingness to seek support, specifically in the older adult community?
5. What are the most effective strategies or approaches in promoting the use of the virtual care and support applications with older adults?
6. Can online social engagement effectively mitigate the severity of mental health symptoms [among older adults]?
7. For each of the above learning questions, what are the most effective engagement and treatment strategies for sub-categories of older adults (i.e. ages 65-75, Vietnamese, caregivers, etc.)

Evaluation or Learning Plan

The project will be evaluated in the following ways: tracking and analysis of users reached, level of user engagement, access and timeliness of care and clinical outcomes. Utilization of online peer-based supports, digital therapeutic and virtual behavioral health care services, and virtual communities. Interventions would be driven by continuous assessment and feedback. Specific outcomes include:

1. Increased social connectedness, belonging and purpose as measured subjectively by user
2. Reduction in symptoms of depression, anxiety and other mental health concerns
3. Increased ability to age-in-place, reduction in residential placements
4. Increased public awareness of mental illness in older adult population and reduction in stigma as measured by pre and post workshop evaluations
5. Whether users experience increases in quality of life, as measured subjectively by the user and objectively by engagement in social activities, community involvement, etc.
6. Decrease in utilization of emergency services as measured by hospital admissions data
7. Increased user ability to identify cognitive, emotional, and behavioral changes and actively engage in strategies to address them
8. Families report increased capacity to support their older adult family member as reported in online surveys and/or focus groups

Phases of Implementation:

Phase 1: Application Development	Phase II: Community Outreach and Engagement	Phase III: Initial implementation and evaluation	Phase IV: further development and implementation
Create steering committee to develop outreach strategy, evaluation indicators outcome measures	Training of peers	Launch of apps, peer supports through identified geographic and strategic access points	Continued use, customization and scaling
Customization of apps with vendor	Building in access to our referral network within 7 Cups Test app w/ small focus group	Initial evaluation of apps and trainings and program adjustment as needed	Further evaluation of all components
Request for Proposals for training and coordination	Develop and Launch technology trainings		Evaluation Reports
Develop marketing strategy	Rollout of marketing strategy		
	Launch <i>Detect and Connect</i> Trainings and other outreach strategies		

Section 3: Additional Information for Regulatory Requirements

Contracting

Marin County Behavioral Health and Recovery Services (BHRS) will work with CalMHSA and the multi-county collaborative to jointly manage the use of selected technology projects and the multi-county evaluation. In Marin County, BHRS will coordinate with CalMHSA to ensure regulatory compliance and will manage additional contracts to support key project goals.

BHRS will contract with local providers for training and outreach initiatives. This includes utilizing the *Detect and Connect* model to provide community training around mental health in Marin’s older adult population and spreading information about the technology project. These contracts will be awarded through an RFP.

Certification

County Board of Supervisors approval will be sought by September 11, 2018

Community Program Planning:

The community planning process for the MHSA Innovation project was conducted from November 2017- July 2018. Community members identified the need for developing a strategy to address the mental health needs of older adults, with a particular focus on those in underserved and more isolated areas of the county. Transportation challenges, gaps in early identification and linkages to services, access to technology, stigma around mental health, the need for peer supports and lack of appropriate services for isolated older adults and individuals of color were some of the themes that emerged. During this process, Marin County BHRS staff provided updates and information on Innovation criteria and timeline and stakeholders provided input on mental health needs and services.

Finding an innovation solution to meet the mental health needs of older adults was determined to be a priority during the previous Innovation Planning Process and the FY2017-20 Three-Year Planning process and public comment period. With this in mind, we held two large community meetings on November 27, 2017, and December 13th, 2017. Flyer invitations were directly emailed to over 400 community stakeholders and forwarded an unknown number of times. 63 people attended the community meetings, and 48 demographic sheets were collected; 46% identified as clients/consumers and family members. There were (duplicated) 12 clients, 13 family members, and 36 providers present.

Participants represented groups set forth in the MHSA legislation, including veterans, law enforcement, mental health consumers and family members, mental health providers, health and social service providers, and individuals with disabilities. The racial and ethnic diversity of the community was reflected in the planning process.

In order to ensure their ability to meaningfully participate, stakeholders received training on the following topics:

- What MHSA Innovation is
- Core MHSA Principles
- Innovation Requirements
- Relationship to other MHSA Components
- Examples of areas INN can address
- Additional Helpful INN Reminders
- Examples of recent INN projects approved in other counties

The training and facilitation for the community meetings was led by Kristen Gardner who earned a Master's Degree in Organization Development, covering group psychology, systems thinking,

group facilitation, and process consulting. She has 30 years of experience facilitating planning processes for counties, non-profits, small businesses, and community groups.

Feedback from the initial community meetings included finding a solution that could serve as many older adults as possible rather than a more targeted approach for a limited number of older adults (given that our Prevention and Early Intervention and Community Services and Supports components have very targeted programs for older adults). However, people also highlighted that homebound or isolated seniors and caregivers should be prioritized.

In January, the Mental Health Advisory Committee was then presented with the ideas and feedback from the stakeholder meetings and helped narrow the ideas down. After the community meetings and Advisory Committee review, a series of key informant meetings with providers and advocates for older adults were held in March and April to discuss potential solutions including the Technology Suite. The Mental Health Advisory Committee and other stakeholders were then invited to participate in a Tech Suite Demo with 7 Cups on Friday, April 27th, or Friday, May 4th. Two older adults from the Advisory Committee watched the live demo and others tested the website on their own time.

On May 23rd, 2018, and June 7, 2018, Marin held two targeted focus groups to present information about the proposed Technology Suite Innovation plan and 7 Cups and to seek input and feedback from stakeholders to incorporate into the final plan. The first meeting was held in San Rafael and had 10 seniors, including 5 seniors who were monolingual Vietnamese speakers, and a translator. The second focus group was held in Marin City and had 8 older adult participants, 7 who were African-American, and one who identified as multi-racial.

Feedback received from stakeholder meetings and focus groups was mostly positive. Comments from focus group participants included:

“I really like the idea of being trained in technology and helping people get access to supports that they would not otherwise have access to. It seems very positive.”

“The idea of technology training for seniors is a big positive. Then they can teach their friends. This can be a way to bring people together”

“The training program seems excellent. It will help people to gain skills and also connect with others.”

“The idea of having the app on computers at the libraries is a great one.”

“A large part of getting older is dealing with loss, over and over and in so many ways. Losing friends, belongings, whatever. Sounds like this is way for someone who is in that situation to get needed support.”

“Detect and Connect can help reduce stigma around mental illness which will be big in getting people to seek help.”

Stakeholder suggestions for improvement mostly centered around training and outreach.

Suggestions included:

- Develop sustainable outreach strategy so that technology users will learn about supports and continue to utilize them over time. Need to have a way to mobilize people and keep them invested.
- Ensure that trainings, outreach materials and technology are accessible in multiple languages and to people with disabilities, hearing and visual impairments. Trainings and apps need to distinguish between different age groups within the older adult community.
- Make technology and trainings readily available to people in libraries and senior centers
- Create ongoing training “groups” in which community members can gain hands on training with their peers in a comfortable setting.
- Engage youth in the outreach and engagement strategy to help educate older adults about the use of technology and increase likelihood that they will use it.
- Build in robust evaluation of all components of project including looking at long term outcomes of *Detect and Connect* training.
- Include strong referral mechanisms for technology users who need more intensive supports.
- Develop strategy to address the stigma that many older adults feel when it comes to accessing supports for mental illness.

This plan underwent several iterations as stakeholders provided feedback on the feasibility of the proposed plans. Efforts were made to integrate their suggestions into subsequent versions to ensure that the proposals were aligned with the identified needs and priorities. Early plan concepts included building a system of care for older adults experiencing co-occurring mental health and cognitive impairments and a focus on strengthening peer and family supports. After additional input, these concepts evolved into a program that incorporated several of the key community recommendations: building a strategic partnership between peer navigators and first responders and an expansion of a locally developed training program through “Detect and Connect”. While there was much support for this concept, particularly around the need for expanding the use of peer supports to provide linkage to services, there remained a need to further develop a strategy for increasing supports for underserved, isolated seniors. Technology was identified as a way to bridge this resource gap and bring supports to older people who are not able to easily access mental health services through traditional methods. This current proposal integrates three key community priorities: expansion of peer supports, community outreach and training around mental health in older adults, and improving access through technology based mental health service delivery, resources, and support. The expansion of Marin county’s existing senior peer supports program and *Detect and Connect* will provide

Marin county residents with opportunities for face-to-face interaction and support while learning about the mental health resources (including the technology suite) available to them and their family members. In addition, technology training (a key stakeholder and project priority) will offer additional opportunities for social engagement, peer-to-peer learning and support.

On July 5th, 2018, this proposal was presented to the Marin County Commission on Aging and on August 14th, 2018, a public hearing and presentation to the Mental Health Board was held. This proposal was posted for public comment from July 10th – August 10th, 2018. Substantive comments and responses are included in Appendix 1.

MHSA General Standards

- a) *Community Collaboration*: This project works closely with organizations serving older adults to identify those who would benefit from technology-based mental health services and supports. Examples of organizations include senior centers, community based behavioral health providers, first responders, hospitals and clinics.
- b) *Cultural Competency*: This project will seek to engage underrepresented and underserved communities in Marin County with targeted outreach strategies to the Vietnamese, Latino and African American communities. In addition, the project, evaluation plan, and results will be presented to the Cultural Competency Advisory Board (CABB), MHSA Stakeholder Committee, and the Commission on Aging.
- c) *Client-Driven*: Older adults and family members will be involved in the development, implementation, and evaluation of this project. The nature of this project necessitates active involvement on the part of the older adult seeking technology-based mental health support. The frequency of use will be determined by client behavior and engagement with the apps.
- d) *Family-Driven*: Family members of older adults with mental illness can initiate technology-based mental health support for their family member as well as obtain relevant resources and information.
- e) *Wellness, Recovery, and Resilience-Focused*: The model of peer counselors plays a key role in promoting the mental health and physical health of older adults by providing social and emotional support, linkages to community resources and help navigating the complexities of the health care system. Peer supports lead to improved positive health outcomes, including decreased depression, reduction in re-admissions or hospitalizations and improved overall quality of life. Users will be able to engage with peers through the virtual peer chat and online support communities.
- f) *Integrated Service Experience for Clients and Families*: This project allows for both clients and family member to access supports in an interactive way that promotes healing and recovery.

Cultural Competence and Stakeholder Involvement in Evaluation

This project is focused on providing culturally competent services to older adults in traditionally underserved areas and communities of the county. Marin County plans to utilize existing infrastructure such as the MHSA advisory committee and other existing stakeholder committees (i.e. PEI and Cultural Competency) to elicit input on the design and implementation of this project, including the outreach strategy. To ensure that there is a broad representation of Marin County stakeholders, expanded efforts will be made to include older adults with lived experience as well as to increase the number of stakeholders from diverse ethnic, gender, geographic and socioeconomic backgrounds. Participants will play an integral role in shaping the developing of the model, implementing the program, ongoing quality improvement, analyzing data and final evaluation of the project. A sub-committee of the Cultural Competency Advisory Board will be formed. This group will be tasked with helping to design and oversee the outreach and engagement strategy to ensure that the project is meeting the needs of older adults that are underserved because of economic, cultural, geographic and linguistic barriers to accessing services.

Innovation Project Sustainability and Continuity of Care

A comprehensive evaluation will determine the success of the project based on technology-based analytics, consumer satisfaction reports and service utilization numbers. Positive results along with stakeholder support will guide decisions around the use of alternative funds such as Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) to sustain this program beyond the initial proposed timeframe. In addition, California is expected to introduce state certification for peer counselors in the next couple of years which will allow BHRS to bill Medi-Cal for certified Peer counselor services. We would utilize Workforce Education and Training (WET) funding for expenses related to peer certification. Technology users needing a higher level of care will be connected to BHRS's current system of care throughout the duration of this project. Staff and community providers will receive training on access and linkage to county resources should the program be discontinued.

One benefit for sustainability of using this technology model is that we are able to use Innovation funding for the initial investment in making the application more customized for our target population. These benefits will be long-term and the ongoing costs will therefore be more limited.

Communication and Dissemination Plan

Marin County BHRS as part of a multi-county effort, will disseminate information within the Department, community and throughout California by:

- Participating in cross-county learning collaboratives

- Documenting outcomes and implementation status in the MHSA 3-year Program and Expenditure Plans and Annual Updates
- Hosting community forums and seeking opportunities to present at statewide conferences
- Presenting to the MHSA Stakeholder Group, the Cultural Competency Advisory Board, consumer groups, NAMI, the Commission on Aging, and the Board of Supervisors
- Through the BHRS website. Keyword searches will include: Older Adult Innovation, Marin County Technology Suite, Older Adult Mental Health, Detect and Connect, Marin Aging and Mental Health

Timeline for Project Implementation

The projected timeframe is as follows but, due to the innovative nature of this project, actual implementation steps may deviate in terms of sequence and and/or timeframes.

a) *Total timeframe (duration) of the INN Project: **36 months***

b) *Expected start date and end date of your INN Project:*

Start:

Readiness stage: October-December, 2018

Soft Launch: January 1, 2019

End: June 30, 2021

Report: October 2021

c) *Timeline that specifies key activities and milestones:*

- July 5th, 2018: Presentation to Marin County Commission on Aging
- July 10th- August 10th, 2018: 30-day posting on public website and in Marin Behavioral Health and Recovery Services locations and for public feedback
- August 14th, 2018: Public Hearing and presentation to the Mental Health Board
- August 21st, 2018: Presentation and anticipated approval by Marin County Board of Supervisors
- Mid-late September, 2018: Presentation and anticipated approval from the Mental Health Services Oversight and Accountability Commission.
- October, 2018: Formally join the collaborative project
- October, 2018: Creation of technology suite advisory (Cultural Competency Sub-committee) comprised of stakeholders from diverse ethnic, socioeconomic, geographic backgrounds of the county
- October - December, 2018: RFP and contracting, peer hiring and training
- October, 2019-June, 2020: App customization
- January, 2019- June, 2021: Training and outreach through “Detect and Connect” and other outreach strategies

- January 2019-June, 2019: Launch of virtual services through strategic access points identified through steering committee, Outreach Coordinator and supported by “Detect and Connect” trainings
- June, 2019- December, 2019: Development, testing and implementation
- December, 2019-June 2021: Continued use, evaluation and scaling
- October 2021: Final Report to the OAC

Section 4: Innovation Project Budget and Source of Expenditures

Project Budget by Year – Narrative

Total budget for this project is: **\$1,580,000**.

This Innovation Plan will use **\$616,235** in FY2010-11 funds that were deemed reverted back to the county of origin under AB 114 toward FY2018-19 and FY2019-20 expenses; **\$963,765** from more recent funds and interest will be utilized on a first in first out basis to supplement FY2019-20 and fund FY2020-21.

A total of **\$1,580,000** in Marin County MHSAs funding will be dedicated to this multi-county Innovation Project over the course of 36 months. **\$851,146** will go into the tech suite collaborative budget, **\$725,334** will go towards local costs, with a contingency fund of \$3,520 (see budget below). MHSAs Innovation component funding will be used to fund all components of this plan.

The budgeted expenditure details are estimations of total costs:

Budget by Fiscal Year and Category:

Marin OA Innovation Project Budget	<u>FY18/19</u>	<u>FY19/20</u>	<u>FY20/21</u>	<u>Innovation Total</u>	<u>% of Tech Suite</u>
	-	-	-	-	-
CalMHSA Overhead (5%)	44,675	-	-	44,675	5%
	-	-	-	-	-
Experts	46,000	46,000	41,000	133,000	16%
7 Cups: Apps					
Start-Up Fee	17,525	-	-	17,525	
Development Fund	29,208	-	-	29,208	
Licensure/Annual Fees	40,891	40,891	40,891	122,672	
Local Customization	25,000	25,000	25,000	75,000	
7 Cups - Apps Subtotal	112,623	65,891	65,891	244,404	29%
7 Cups: Paid Peers					

Start-Up Fee	4,673	-	-	4,673	
Development Fund	-	-	-	-	
Licensure/Annual Fees	17,525	17,525	17,525	52,574	
Local Customization	48,000	48,000	48,000	144,000	
7 Cups - Paid Peers Subtotal	70,198	65,525	65,525	201,247	24%
Future Apps/Vendors					
Start-Up Fee	23,366	-	-	23,366	
Development Fund	23,366	-	-	23,366	
Licensure/Annual Fees	17,525	17,525	17,525	52,574	
Local Customization					
Future Apps Subtotal	64,257	17,525	17,525	99,306	12%
Evaluator					
Start-Up Fee	40,891	-	-	40,891	
Development Fund	-	-	-	-	
Licensure/Annual Fees		17,525	17,525	35,049	
Local Customization	-	-	-	-	
Evaluator Subtotal	40,891	17,525	17,525	75,940	9%
Outreach & Marketing					
Start-Up Fee	11,683	-	-	11,683	
Development Fund	17,525	-	-	17,525	
Licensure/Annual Fees		11,683	11,683	23,366	
Outreach & Marketing Subtotal	29,208	11,683	11,683	52,574	6%
TOTAL TECH SUITE BUDGET	407,852	224,147	219,147	851,146	100.00%

Local Funds					% of Local
Technology Equipment for Participants	25,000	20,000	20,000	65,000	9%
Local Outreach and Training	120,000	120,000	120,000	360,000	50%
Project Coordinator	68,575	68,575	68,575	205,725	28%
County Admin Cost (15%)	32,036	31,286	31,286	94,609	13%
TOTAL LOCAL EXPENSES	245,611	239,861	239,861	725,334	100%

Combined Total					% of Total
Total Tech Suite	407,852	224,147	219,147	851,146	54%
Total Local Funds	245,611	239,861	239,861	725,334	46%
Contingency Fund	3,520	-	-	3,520	0%
TOTAL PROJECT BUDGET	656,984	464,008	459,008	1,580,000	100%

Appendix 1:

Public Hearing Older Adult Innovation Proposal
6pm on 8/14/18
Point Reyes Conference Room
20 North San Pedro Road, San Rafael

Comment 1: **Concerns about technology:** The ability of seniors to adapt to new technologies is a big concern. Some will adapt easily, and another cohort of seniors will be very difficult. In addition, people have expressed concerns about the security of technology with respect to other household members. For example, an older person living in a household with grandchildren- could the grandkids take over their ipad so that the older person no longer has privacy or even access to it?

Response: We are investing in training for use of the technology and peer supports to be sure that those who want to learn how to use the technology are able to access it. We will discuss best practices around technology device security with the collaborative and the security experts to develop our policies around any technology devices that are purchased with this funding.

Comment 2: **Strength is Detect and Connect and the overall focus on older adults:** With the new Innovations cycle, there was a big community push to do something for older adults. They brought lots of stakeholders together in large convenings to do something for seniors. I commend the staff for bringing in people and making this proposal geared toward this community. A positive of this proposal is the Detect and Connect which was created by the Aging Action Initiative. It is designed for public and it is home grown. So that is good that it was integrated into the project.

Comment 3: **Can be useful for caregivers:** It seems like this project is not just for the older adult but can also be for a caregiver. I'm excited to have people participating.

Comment 4: **Need a behavioral health/first responder collaboration:** I am interested to see some intersection between behavioral health for seniors and law enforcement and paramedics. Some way to integrate first responders into this project or another project.

Response: We will be sure to target paramedics and law enforcement in our outreach and training efforts including "Detect and Connect."

Comment 5: **The project could help those younger than 65:** It may not be someone older than 65, could be someone younger who needs support, paramedics not necessarily geared up for that. This program would be ideal for people who desperately need services and don't have access

Comment 6: **Positive for isolated older adults:** It seems like for people who are confined this would be a great way to overcome boredom and overcome things they have problems with. It would be ideal to expand this to nursing homes, etc. I think this would be helpful. Hopefully through this, there will be an increase in additional supports in these places.

Comment 7: **People must use it for it to work:** success will be based on usage, how this is rolled out. If no one uses it then obviously it won't work and won't be successful. Marketing will be key.

Response: We agree! Marketing and the roll-out will be enormously important and that is one reason we feel fortunate to be part of a collaborative effort so we can learn from the first cohort of counties and also have access to top of the line marketing professionals that would be out of our price range if we were to try this project alone. We have also invested significantly in local marketing and outreach to supplement the collaborative's efforts.

Comment 8: **Older adults don't want technology:** people don't want to be trained on technology, this is not going to work for those people.

Response: This was a major topic during the focus groups and the participants expressed strong desire for training (both group trainings to build community and one-on-one support). We agree, not all older adults will want to be trained or be a part of the project and it is not intended to serve everyone—the goal is to increase the options available, so more people receive the services they need in a method that they would like to explore.