Innovations Learning Project Proposal: Technology-Assisted Mental Health Solutions

Mural in San Francisco

San Francisco Mental Health Services Act
2018

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Local Review

The recent San Francisco Community Planning Process (CPP) involved various opportunities for community members and stakeholders to share input in the development of our Technology-Assisted Mental Health Solutions Innovations Project. Please see the CPP meetings section below for details.

In fulfillment of the provisions of the Welfare and Institutions (W&I) Code Section 5848, a 30-day public review and comment of the Technology-Assisted Mental Health Solutions Innovations Project was posted on the San Francisco Mental Health Services Act (SF-MHSA) website at www.sfdph.org/dph and www.sfmhsa.org. This **plan was posted for a period of 30 days from 6/18/18 to 7/17/18**. Members of the public were requested to submit their comments either by email or by regular mail. There were no public comments.

Following the 30-day public comment and review period, **a public hearing was conducted by the Mental Health Board of San Francisco on 8/1/18**. In addition, the Innovations project plan was included in the FY18/19 Annual Update. We anticipate that this Innovations project plan and Annual Update will be presented before the San Francisco Board of Supervisors' Budget and Finance Committee in October 2018. We anticipate that Board of Supervisors will adopt the report in October 2018 and San Francisco Mayor London Breed will approve the report in November 2018.

Project Introduction / Background

Recent research demonstrates that technology can be used to directly impact the provision of health and mental health services. The City and County of San Francisco's Behavioral Health Services (BHS) department is seeking approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to use Innovation Funds to determine how technology can influence mental health delivery and possibly increase access to mental health care. This effort will take place in collaboration with multiple counties that have been recently approved by the MHSOAC. This project will bring interactive technology tools into the public mental health system through a highly innovative set or "suite" of applications designed to educate users on the signs and symptoms of mental illness, connect individuals seeking help in real time, and increase user access to mental health services when needed.

Community Planning Process

The San Francisco Department of Public Health (SF-DPH) has strengthened its Mental Health Service Act program planning by collaborating with mental and behavioral health consumers, their families, peers, and service providers to identify the most pressing mental and behavioral health-related needs of the community and develop strategies to meet these needs. In late 2017 and early 2018, San Francisco Mental Health Services Act (SF-MHSA) hosted eighteen (18) community engagement meetings inviting participants from all over the city to collect community member feedback to better understand the needs of the community. Attendees included mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community and faith-based organizations, residents of San Francisco, and other community stakeholders. All meetings were advertised on the SF-DPH website and via word-of-mouth and email notifications to service providers. Printed and

electronic materials were translated into Spanish, Mandarin, and other languages, and interpretation was provided at all public community meetings, as needed. The community input gathered from these meetings helped to shape the Innovations Proposal for this project.

The eighteen (18) community engagement meetings are listed in the following table:

Community Program Planning (CPP) Meetings	
Date	**CPP Location**
November 8, 2017	The Village Visitacion Valley Service Providers 1099 Sunnydale Avenue San Francisco, CA 94134
November 28, 2017	Sunset Mental Health Center Service Providers & Community Advisory Board Members 1990 41st Avenue, Suite 207 San Francisco, CA 94116
January 24, 2018	Excelsior Family Connections: Chinese families & Excelsior Family Connections staff 60 Ocean Avenue San Francisco, CA 94112
January 29, 2018	SF LGBT Center Population Focused Engagement 1800 Market Street San Francisco, CA 94102
February 5, 2018	Curry Senior Center MHSA Advisory Committee meeting 315 Turk Street – John Stanley Room San Francisco, CA 94102
February 7, 2018	TAY Full Service Partnership Meeting 755 South Van Ness San Francisco, CA 94110
February 15, 2018	Richmond District Neighborhood Center Service Providers Meeting 4301 Geary Boulevard San Francisco, CA 94118
February 26, 2018	Department of Rehabilitation (DOR-BHS) Co-op Administration Meeting (Vocational Programs) 455 Golden Gate Avenue, #7727 San Francisco, CA 94102
February 28, 2018	San Francisco Veterans Town Hall Meeting Veterans & Service Providers Meeting 401 Van Ness Avenue San Francisco, CA 94102
March 2, 2018	Excelsior Family Connections Spanish Speaking Families & Staff Meeting

Community Program Planning (CPP) Meetings	
Date	**CPP Location**
	60 Ocean Avenue San Francisco, CA 94112
March 2, 2018	SFDPH BHS Adult/Older Adult Service Providers Meeting 1 South Van Ness San Francisco, CA 94103
March 9, 2018	API Wellness Center Transgender Program Community Members & Service Providers 730 Polk Street San Francisco, CA 94109
March 13, 2018	Rafiki Coalition Black/African American Community 601 Cesar Chavez Street San Francisco, CA 94124
March 14, 2018	Huckleberry Youth Programs TAY Service Providers Meeting 555 Cole Street San Francisco, CA 94117
March 14, 2018	Crisis Intervention Training Meeting Workgroup – Law Enforcement, Peers & Service Providers 870 Market Street #785 San Francisco, CA 94102
April 18, 2018	SF Behavioral Health Services MHSA Advisory Committee Meeting 1380 Howard Street San Francisco, CA 94103
June 13, 2018	San Francisco Public Library Combined MHSA Provider and Advisory Committee Meeting 100 Larkin Street San Francisco, CA 94102
June 13, 2018	City College of San Francisco - Health Education Dept. Workforce Development Networking Session 50 Phelan Avenue San Francisco, CA 94112

Primary Problem and Need

A re-occurring theme to arise from the Community Planning Process included **the need to increase access to mental health services for all San Franciscans with a focus on Transition Age Youth (TAY) and socially isolated transgender adults.**

Community Need

Behavioral health consumers and other stakeholders supported the idea to **use technology to increase access to support through the use of computers, tablets and phones**. The Community Planning Process data showed trends suggesting that BHS should create a virtual support system through chatrooms facilitated by peers. Some stakeholders noted the importance of virtual appointment reminders while others suggested that fun and interactive mental health games could be created to help improve cognition, reduce hallucinations and stimulate positive counter-thoughts when someone is going through a downward spiral. Several individuals suggested the need to have a public community space, like the San Francisco Public Library, where community members could access these technology-based services if the participant does not have a computer at home and the individual is not willing to physically come into a behavioral health clinic due to stigma or other reasons. Stakeholders emphasized the fact that some behavioral health clients do not frequently use technology and that training should be an important component to this project. It was noted that technology-based mental health services could be very beneficial for those who wish to increase social skills and reconnect with friends and family. "These tools could be a bridge to building stronger social skills and individuals can try to work up to more face-to-face time" and social time with peers. Many of our stakeholders were opposed to the idea of passive sensory data collection and digital phenotyping for early detection of mental health issues, therefore, the City and County of San Francisco will exclude this component of this collaborative Innovations Learning Project from our local implementation plan.

We also reviewed previous MHSA-funded project evaluation reports and interviewed staff members of programs that have overlapping characteristics to find that clients desire more frequent access to support and a longer duration of support. **These findings also support the need to increase service access to the TAY population, socially isolated groups and the adult transgender community.**

Transition Age Youth (TAY) Community Feedback

In May 2016, Behavioral Health Services launched a strategic planning process to better understand the behavioral health service needs of transition age youth (TAY), identify strategies for improving access to and quality of care, and inform the allocation of resources dedicated to TAY.

Findings from the TAY System of Care strategic planning process were consistent across systems, programs, and individuals, including transition age youth themselves. One of the main findings of the strategic planning process was the following:

TAY may face internal barriers to accessing behavioral health services including sensitivity around stigma attached to behavioral health issues, not knowing how to

access services, not being aware of their need for services, and mistrust of systems due to negative or harmful earlier experiences.

Technology Assisted Mental Health Solutions would allow TAY to discretely receive support, addressing sensitivity around stigma and using a format and communication method that would be accessible for many youth. Peer support may be more appealing to TAY than professional support from systems due to mistrust and negative experiences. The webchat would provide a gateway to creating awareness of mental health needs, the benefits of support around these needs, and eventually accessing services. In meeting with TAY SOC leadership, they expressed that **mental health interventions via technology would be utilized and provide needed support to local TAY**.

Client Council Feedback

On May 23, 2018, members of the City and County of San Francisco's Behavioral Health Services Client Council, which included representatives from diverse ethnic and senior communities, viewed a 7 Cups demo that included peer chatting, Avatar interventions, and mental health technology psycho-education components. The Client Council is an association comprised of consumers, clients and individuals with lived experience who advocates for respectful "Client-Driven" substance use and mental health care in San Francisco.

Client Council members **supported the use of technology for mental health support and intervention,** such as the product they viewed, and expressed that **they saw it particularly helpful for socially isolated individuals.** They also noted that these electronic services may be beneficial for those who are currently heavy users of technology as well as those who need assistance and technology equipment to access the support. They suggested **that the project should provide training for individuals and provide access at public libraries with computers**. The council discussed many helpful peer role/staffing issues to explore during the planning phase of the project.

Transgender Community Feedback

The City and County of San Francisco has been at the forefront of creating culturally responsive services for the Transgender community. In August 2013, the San Francisco Department of Public Health formally established Transgender Health Services to provide access to gender confirmation surgeries and related education and preparation services to eligible uninsured transgender adult residents, becoming the first program in the United States to do so. Their program evaluation data informs our understanding of the needs of the local Transgender population, and has showed us that out of 123 San Francisco Transgender Health Services client respondents served in 2016:

- 52% of clients indicated that their physical or emotional problems had gotten in the way of their normal social activities in the last 30 days.
- Regarding how much physical health and emotional problems had interfered with normal social activities in the last 30 days: 9% answered "very", 19% "moderately", 24% "a little", and 48% "not at all".

In addition, the MHSA Innovation-funded Transgender Pilot Program has served Transgender women of color through unique outreach activities, an annual Transgender Health Fair, and support groups since June 1, 2015. On March 9, 2018, members of the Transgender Support Group at Asian Pacific Islander Wellness, with representation from Black/African American,

Latino and Caucasian communities, met to give feedback on community needs and provide feedback on possible future projects. Many of them have had negative experiences with help-seeking and accessing community support resources due to discrimination and stigma. **The Transgender Support Group expressed interest in an online portal to crisis mental health live chat and having a person who could answer questions and provide up-to-date resources,** especially for those who are new to the area. **They felt it was a great need to have this resource in other languages**, particularly in Spanish. Access to Wi-Fi was identified as a barrier for this format of services.

Review of Existing Practices and Evidenced-Based Models

An extensive literature review of categories including technology-based programs that increase access to mental health services, peer-to-peer engagement strategies, avatars in e-mental health interventions and evidence-based treatment modalities when working with isolated populations reveals the following:

- The potential to foster cohesive social networks in virtual worlds is cited as a strength
- Small sample size studies show that a creative platform with which to deliver individual and group therapies, peer support, and as a form of e-mental health augmentative intervention, avatar technology offers significant potential to engage a broad range of clients in need of psychological support who may otherwise be unable or unwilling to participate in traditional treatment models
- The Adult Transgender population in San Francisco has been identified as a hard-to-engage group that may benefit from technology-assisted mental health modalities
- Peer-to-Peer interventions through a technology-based platform may increase access to care, increase support and promote wellness activities

Proposed Project / Response to Community Need

The primary purpose of this Innovations Project is to utilize a new approach to overall public mental health service delivery in order **to use technology to increase access to mental health care and support for <u>all individuals in San Francisco</u> with a focus on transition age youth (TAY) ages 16-24 and socially isolated transgender adults.** We estimate that **500 clients/users will be served for the total duration of this project**. The <u>primary goals</u> of the project will include the following:

1. Intervene earlier to prevent mental illness and improve client outcomes
2. Provide alternate modes of engagement, support and intervention
3. Increase access to peer-to-peer interventions

The components of this Technology-Based Innovations Learning Project will include **Peer-to-Peer Chat Interventions** and **Virtual Evidence-Based Support Utilizing an Avatar** that will be accessible from a computer, cell phone or tablet. These interventions can be accessed at home, in a clinic setting or in the community. Please see the "Project Components" section below for more details regarding these specific interventions.

This project will include a **0.5 full-time equivalent manager who will oversee all aspects of this project**. This manager will be in charge of all areas of implementation, staff training, community training, marketing and evaluation. This manager will also liaise with all counties participating in the collaborative effort, consult with key stakeholders, seek technical assistance from experts in the field, coordinate activities with the selected providers and ensure that all activities adhere to guidelines identified by the MHSOAC. Project staff will include **3.0 full-time equivalent local peer specialists located within the City and County of San Francisco who will assist with project planning and implementation; community outreach, engagement and technology training; linkage to tech suite and BHS services; and peer counseling activities such as peer chatting interventions, with one position being a lead peer.** SF-MHSA will also set aside funds in the budget for **a 1.0 full-time equivalent peer specialist for the peer chatting component that is employed by the county collaborative vendor.**

SF-MHSA Transitional Age Youth CPP activity

Statewide Collaborative Effort

This project is part of a **statewide multi-county collaborative effort** in which multiple counties will be developing their own technology strategies based on local needs and stakeholder feedback. The City and County of San Francisco will share technology products with the other counties on this project in order to provide our county with greater purchasing power than we would have on our own.

The City and County of San Francisco will buy into these developed technology products and buy into the use of the qualified vendors chosen to develop the products. A large scale evaluation plan will be implemented and counties will collaborate to share strategies, lessons learned, and best practices. Management of technology products, governance of the project and oversight over a formal statewide evaluation will be a multi-county effort, with support provided by CalMHSA. In addition, a marketing and outreach and peers/end user subcommittee will be overseen by multiple counties.

Three (3) vendors were selected to provide support for this collaborative project. 1.) 7 Cups was selected to provide the technology services including access to the technology suite applications. 2.) University of California, Irvine was selected to implement the statewide evaluation activities. 3.) RSE was selected to implement the collaborative outreach efforts and design the local marketing materials. If San Francisco's Innovations project is approved by the MHSOAC, SF-MHSA intends to sign a participation agreement with CalMHSA to participate in the collaborative in order to receive use of the technology applications, a peer specialist employed by 7 Cups, all statewide evaluation efforts and outreach and marketing materials.

CalMHSA will utilize a work order with the vendors, therefore, the City and County of San Francisco will not directly contract with the vendors.

Increased Accessibility

The suite of applications will be accessible to all San Francisco residents who own a smartphone, tablet, computer, or have access to computer devices. For example, this service will be made available to participants at the various branches of the San Francisco library system which offers free Wi-Fi to individuals with a smart phone or tablet, and can offer access to computers for people who don't have their own electronic devices. **SF-MHSA will also set aside funds for interested participants who do not have access to technology devices, as this project will purchase refurbished smart phones and/or tablets for those in need.** Participation in this project is voluntary with the option for individuals to download and/or delete the suite of applications at will.

Confidentiality

All of elements of this project will adhere to HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, and we will only implement HIPAA compliant technology products with a high concern to safe-guarding client confidentiality.

The process of informed consent will lie with the selected vendor, 7 Cups, and upon downloading the suite of applications, a user agreement will be required before enabling any applications in the marketplace. This user agreement will serve as the informed consent outlining the nature and use of the applications, parameters of this project, confidentiality, data collection, etc. In addition, CalMHSA will provide and oversee the data management framework for the vendor. CalMHSA and the 7 Cups will ensure the following:

- Referrals are coordinated appropriately by properly sharing protected health information and coordinating services according to HIPAA guidelines
- All data reporting will utilize aggregate data
- Informed consent, authorizations and data usage will follow county policies, including those of the City and County of San Francisco
- Data in the applications will be HIPPA compliant and HIPPA compliant cloud storage will be used
- Attorneys from Pepper Hamilton LLP with extensive expertise advising businesses on planning, drafting, and implementing privacy, security and data protection policies and compliance with applicable laws, regulations, and rules will be consulted prior to implementation.
- Subject matter experts with in-depth knowledge of standard transactions, privacy and security policies, and best practices for the electronic exchange of health information will be consulted prior to implementation.

In addition, the City and County of San Francisco will be signing a Due Diligence packet that includes:
- ➢ Privacy & Security Guiding Principles
- ➢ Business Associate Agreement, in accordance with HIPAA guidelines

➢ Information Security and Privacy Requirements
➢ Privacy Policy

Lastly, all components of this project will adhere to current San Francisco Department of Public Health emergency and crisis protocol (i.e. how to deal with suicidal ideation, self-harm, etc.) and develop new protocol, as needed, prior to the formal implementation of this project.

<u>Peer Roles</u>

A peer is defined as an individual with personal lived experience who is a consumer of behavioral health services, a former consumer, or a family member of a consumer. Peer-to-Peer services encourage peers to utilize their lived experience, when appropriate and at the discretion of the peer, to benefit the wellness and recovery of the clients being served. Each peer working with this project will be trained as a peer specialist with experiences in a mental health work place and a vast understanding of the mental health system.

As stated above, SF-MHSA will hire 3.0 full-time equivalent local peer specialists to assist with this project, with one position being a lead peer. The peers will be a vital component to designing the program details, developing the policies, implementing the scope of work, monitoring the progress and evaluating the desired outcomes. The peer specialists will be a driving force through all phases of this project from beginning to end and will act as leaders for the communities being served.

Our peer staff will also help provide outreach, training and engagement to San Francisco residents among various community settings including the San Francisco Library system, wellness centers, mental health clinics and behavioral health programs to promote the technology-based interventions. Peer staff will provide education about San Francisco mental health resources and linkage to services. As participants utilize the suite of applications, they will be offered alternative and appropriate services within Behavioral Health Services, if not already linked.

As mentioned above, one of the peers will be assigned as a lead peer. This lead peer will be a key individual on the team designing and driving the peer outreach/engagement efforts and providing feedback. This lead peer will help us determine how to best engage our system of peers for training, outreach, engagement, and supporting the use of the apps. We plan to hire for this position as soon as we are approved by the MHSOAC since this is such a vital role.

The local peers will also provide peer counseling activities such as peer chatting interventions. These duties are described below in the "Peer-to-Peer Chat Interventions" section. SF-MHSA will set aside funds in the budget for 1.0 full-time equivalent peer specialist for the peer chatting component that is employed by the county collaborative vendor, 7 Cups.

Face-to-face peer support services will also be offered as an additional source of support for participants, as needed.

Partnership with 7 Cups

SF-MHSA will collaborate with the selected vendor, 7 Cups, contracted to implement the Peer Chatting and Avatar components in order to customize these applications and provide information, referral and linkage to services and supports. 7 Cups is an on-demand emotional health and well-being service. Their bridging technology anonymously and securely connects participants to electronic modalities 24 hours a day and 7 days a week. Any participant who wants to talk about whatever is on their mind can quickly reach out for support.

Innovative Component

The primary purpose of this Innovations Project is to utilize a new approach to overall public mental health service delivery in order **to increase access to mental health services to underserved groups**. This project makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a population or community. This project is unique to San Francisco since we will utilize technology-assisted mental health interventions among San Francisco's diverse communities, targeting all San Franciscans with an emphasis on transition age youth (TAY) ages 16-24 and socially isolated transgender adults.

Language Capacity

The City and County of San Francisco has five threshold languages that include Spanish, Vietnamese, Cantonese, Russian and Tagalog. SF-MHSA will work in collaboration with the selected vendor to implement these services in all threshold languages and engage these specific populations. In addition, the vendor will have the ability to use their technology to track and identify if these communities are making use of these services.

San Francisco Partnerships

SF-MHSA will also partner with several local and county programs to best implement this project. We envision collaborating with the following organizations/programs:
- The Senior Drop-In Center
- The Peer Wellness Center
- The Transition Age Youth System of Care programs
- Gender Health SF (formerly known as Transgender Health Services)
- Transgender Pilot Program
- Multiple other behavioral health and community programs

Local Engagement Strategies

SF-MHSA will focus on conducting outreach to all San Francisco residents to engage individuals and provide linkage to the technology services. RSE was selected to implement the collaborative outreach efforts and design the local marketing materials. These outreach materials will be designed in collaboration with SF-MHSA to create a brand and a media campaign that is unique to the diverse San Francisco communities. In addition, the local peers will be a vital component to carrying out the local engagement efforts, as they will conduct outreach in the streets, in behavioral clinics/programs and all throughout San Francisco. SF-

MHSA will also partner with the Quality Management (QM) department to frequently monitor and evaluate the success of our local engagement strategies so we can fine-tune and adjust as needed. Please see the "Local Evaluation" section below for more details about these evaluation activities.

Project Components

The components of this Innovations Learning Project will include <u>Peer-to-Peer Chat Interventions</u> and <u>Virtual Evidence-Based Support Utilizing an Avatar</u> that will be accessible from a computer, cell phone or tablet. These interventions can be accessed at home, in a clinic setting or in the community (i.e. the San Francisco Public Library system).

1. Peer-to-Peer Chat Interventions

The Peer-to-Peer Chat modality is designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness. **These interventions offer chat opportunities with a trained peer mentor and artificial intelligence assistance for the peer mentor to utilize as a resource during the chat session. Peer-to-Peer Chat can provide access to mental health support for a large number of people and provide support any time during the day, 24 hours a day/7 days a week.**

A web-based network of trained peer counselors will be available to chat with individuals, or their family members/caregivers, experiencing symptoms of mental illness. A peer is defined as an individual with personal lived experience who is a consumer of behavioral health services, a former consumer, or a family member of a consumer. Peer-to-Peer services encourage peers to utilize their lived experience, when appropriate and at the discretion of the peer, to benefit the wellness and recovery of the clients being served. This project will create a safe place for clients/users to learn skills and gain support within an environment that uses empathy and empowerment to inspire recovery.

SF-MHSA will collaborate with the selected vender, 7 Cups, who will provide listening and peer chat support. The project will also involve a local roving support team of peer counselors to provide peer counseling chat interventions. Participants will connect with peers for all kinds of reasons from big existential thoughts to small, day-to-day issues. The peer-to-peer counseling and evidence-based support activities may include, but are not limited to: peer relationship building, wellness planning, crisis planning, support system development, coping skills development, mindfulness support, system navigation and active listening.

Participants will be able to access the peer-to-peer chat counseling services through a link to the chatroom that will be available through the SF-MHSA website. This chatroom will be accessible from a computer, cell phone or tablet. Social media, clinician training and other dissemination efforts will be used to promote the service across San Francisco and to a very broad audience.

Local peer counselors will be trained using the current 12-week BHS Peer Specialist Mental Health Certificate Program, the Advanced Peer Certificate Program, the Leadership Academy monthly training seminars for peers, and other training including, but not limited to:

- Wellness Recovery Action Plan (WRAP)

- Mindfulness
- Harm Reduction
- Seeking safety
- Psycho-education on mental health
- Coping skills development
- Socialization skills

2. Virtual Evidence-Based Support Utilizing an Avatar

Virtual, evidence-based online treatment protocols using avatars to deliver clinical care have been proven to be effective in studies with small sample sizes. We would like to further test these theories by refining some of these virtual practices to fit the needs of our culturally-diverse San Francisco population.

San Francisco's Behavioral Health Services will partner with multiple counties regarding training materials and technology products that will help implement this project.

This component of the project includes computerized evidence-based support that is **constructed by clinical experts in the behavioral health field. Avatars can be used to teach mental health psycho-education, teach basic cognitive and behavioral support techniques, increase social skills, increase knowledge of strategies to increase mood and decrease depression, and teach relaxation and mindfulness techniques**.

This computerized support can take place at home, outside of the clinic setting or side-by-side with a therapist present for increased support. Virtual support at home can be beneficial for individuals that are low-risk of needing emergent and emergency care. This virtual evidence-based support can be accessed 24 hours a day, 7 days a week.

Utilizing various forms of avatar technology to augment treatments that are delivered with the face-to-face support of a therapist could be beneficial. For example, a therapist can sit alongside and coach clients through avatar sessions to teach them about the intervention and help them to feel comfortable using this service as an adjunct to therapy outside of the sessions. Therapeutic discussion can take place throughout the interactions with the avatars to use as a teaching tool.

Contribution to Learning

This project will center on the development of a highly skilled peer specialist team to help increase access and support to San Francisco residents. This project will also center on the training of behavioral health clinicians within the mental health system to advance their skills in using technology-based interventions to increase access to services.

Key Learning Questions

1. Will individuals who have accessed virtual peer chat services be compelled to engage in manualized virtual therapeutic interventions?
2. Will the use of virtual peer chat and peer-based interventions result in users reporting greater social connectedness, reduced symptoms and increased wellness?

3. What virtual strategies contribute most significantly to increasing an individual's capability and willingness to seek support?
4. What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations (i.e. transition age youth, socially isolated transgender adults, others)?
5. Will issues pertaining to privacy and/or data security present a barrier to the use of these applications?

Statewide Evaluation / Learning Plan

The Tech Suite County-wide Collaborative Innovation Project has selected a single qualified vendor, University of California Irvine, to conduct formative evaluations of the statewide implementation of the suite, as well as for each participating county.

A formative evaluation is the chosen approach as it is a "rigorous assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts." The goals of the formative evaluation approach which match the needs of the Tech Suite evaluation include:

> **FORMATIVE EVALUATION:**
> A rigorous assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts.

- Developmental: plan for successful uptake of an intervention by clearly defining the problem and understanding its context, designing or adapting an intervention to address a problem and utilizing an implementation framework to anticipate negative unintended consequences, and understanding the organizational context (i.e. readiness) and stakeholder perspectives on a planned intervention;

- Implementation: help ensure a project is successfully implemented by monitoring key indicators, work with stakeholders to pivot/change/adapt as need arises to respond to both internal and external factors;

- Interpretation: create generalizable knowledge for how to successfully implement intervention in other settings.

Tech Suite Outcomes to be Evaluated

The health and clinical outcomes to be assessed through the Tech Suite evaluation include:

- Improving safety (i.e. reduce adverse events)
- Increasing quality (i.e. on patient-reported outcome measures)
- Increasing access (i.e. to technology products, or to traditional medical services)
- Increasing treatment-seeking behaviors (i.e. utilizing previously unused services)
- Reducing utilization (i.e. ED visits, hospitalization, frequency of in-person visits)
- Improving recognition of and treatment outcomes for vulnerable or at-risk patients

- Increasing community engagement and target population(s) reach

In order to adhere to MHSA regulations (per Section 3580.010) and assure a thorough evaluation of the innovation's impact on target populations, the vendor is required to gather the demographic information listed below about end users. In turn, the selected evaluator will aggregate, analyze and report on impacts to individuals served in the following attributes:

- Age
- Race
- Ethnicity
- Primary language used by threshold languages for the individual county
- Sexual orientation
- Disability
- Veteran status
- Gender Identity
- Residence/Zip code (to identify SF residents)

The statewide evaluation efforts will also integrate the collection of specific data points embedded in the technology to answer the learning questions of each participating county, including San Francisco. Specific outcomes that we may measure include:

1. Increased purpose and belonging for users
2. Increased social connectedness for users
3. Increased quality of life
4. Decreased symptoms
5. Decreased risk
6. Increased wellness

Social connectedness is defined as the measure of how people come together and interact with others such as friends, family and acquaintances, whether one on one or in groups. It can be structured or scheduled activities or unstructured visiting and conversation. It measures a person's comfort and trust with others such that they can ask for help when they need it. Wellness is defined as the presence of purpose in life, active involvement in satisfying work and/or play, joyful relationships, a healthy body and living environment, and happiness. Wellness is often evident when individuals have "a reason to get out of bed in the morning," something to do, somewhere they want to be, along with the emotional and physical capacity to do it. It is often linked to purpose and optimism.

Local Evaluation / Learning Plan

SF-MHSA will work in close partnership with SF-DPH Quality Management (QM) to implement our local evaluation activities following the guidelines of the large-scale statewide and multi-county evaluation plan.

The local evaluation efforts will focus on measuring outreach, penetration and engagement efforts in San Francisco regarding the 7 Cups application and the support driven by the following key questions:

1. To what extent are the local efforts effective in connecting TAY in the 7 Cups app?
2. To what extent are the local efforts effective in connecting isolated transgender individuals to the 7 Cups app?
3. What percent of TAY and isolated transgender individuals feel satisfied with the engagement and outreach strategies?

The peer staff will be a vital component to carrying out our local evaluation plan, as they will help distribute and collect sign-in sheets, demographic tracking logs, evaluation surveys, etc.

We will conduct outreach at various community events including the annual Transgender Health Fair and TAY events to assess awareness of the 7 Cups service and to get the word out about it, as well as conduct demonstrations and trainings. We will use outreach event logs for each population to determine if we are increasing the number of outreach events to TAY and socially isolated transgender groups and use sign in sheets to track numbers of contacts within those populations. We will use consumer and family feedback surveys to collect data related to satisfaction and challenges. These feedback surveys will also: 1. Determine the user's experience with the peer; 2. Determine the user's knowledge and familiarity with the applications; and 3. Determine the user's awareness of population-specific behavioral health services available in San Francisco. SF-MHSA intends to collect feedback from at least 60% of the 7 Cups participants in each population as a target goal.

We also plan to hold one or more focus groups as needed, with population-specific consumers and stakeholders, to assess if we are adequately reaching people, and hear options and opportunities to expand outreach. We will use this community input to strategize increasing engagement and penetration rates.

Peer Specialists with the Transgender Pilot Project

Please see the below logic model to describe the local evaluation efforts and desired outcomes.

Logic Model for MHSA Innovations Technology Suite - Local San Francisco Component

Identified Concern: *[be more specific]*	Contributing Risk Factors:	Goals:
Many subpopulations in San Francisco have a great need for an array of behavioral health (BH) services that are more sensitive and responsive to their lived experiences. *[These subpopulations include: Transition age youth (TAY), socially isolated transgender adults, LGBTQQI2-S, low income individuals, and/or residents of subsidized housing in high poverty areas, such as: Tenderloin, Mission, Bayview/Hunter's Point, Excelsior, Chinatown, Visitacion Valley and South of Market (SoMa)]*	Poverty, personal history of trauma, substance use, low inventory of stable affordable housing, prevalence of street drugs and alcohol, immigrant status, disability, LGBTQQI2-S identity, seniors, etc., as well as providers not applying MHSA Principles or Trauma Informed Systems training.	For users/clients to live more fulfilling lives in which they have coping skills to handle the vicissitudes of life, even having experiences severe trauma. For users/clients to find meaningful connections and activities that support their ongoing recovery.

Resources	Strategies/ Activities	Expected Outcomes			Suggested Measurements
		Short Term Outputs	**Intermediate**	**Long Term**	
1) MHSA funding, dedicated community nonprofits, sites for outreach events 2) 3.0 FTE peer professional staff at BHS, 3) MHSA Principles and practices, 4) Collaborative opportunity with an established web-based mental health support organization, "7 Cups" 5) Established history engaging with the SF socially isolated transgender population(s) and transitional age youth (TAY), 16-24 yr old 6) Community partnerships, 7) Consumer resiliency and desire to live a more fulfilling life.	◊ Peer led outreach workshops in community based settings in SF ◊ Engagement/training with 7cups.com technology ◊ Peer linkage to BH services ◊ Linkage to peer counseling, in person ◊ Peer Counseling, on chat platform (by local peers)	◊ **Peer staff knowledge and familiarity with 7cups.com** ◊ Increase number of **outreach events** to TAY and socially isolated transgender groups ◊ Increase number of **attendees at outreach events** ◊ Increase TAY and Socially Isolated Transgender population **awareness of the 7cups** application for peer based supportive services ◊ Increase TAY and Socially Isolated Transgender **awareness of population specific behavioral health services** available in SF ◊ Increase **in-person peer to consumer counseling** encounters/sessions	◊ Increase consumer **access to and engagement in behavioral health services** ◊ **Reduce risk** behaviors*	◊ Increase consumers' mental health and wellness (QOL)* ◊ Increase consumers' social connectedness* ◊ Increase consumers' engagement in meaning activity (-ies)* ◊ Reduction in mental health symptoms* *The statewide evaluation efforts will integrate the collection of specific data points embedded in the technology to measure these outcomes.*	Outcome indicators: ◊ Consumer and family feedback (satisfaction, challenges) ◊ Penetration/Engagement survey ◊ Outreach event log for each population ◊ Sign-in sheets for outreach events

Project Evaluation, Cultural Competence and Meaningful Stakeholder Involvement

The evaluation of the Technology-Assisted Mental Health Solutions project will be conducted with sensitivity and awareness of our users' diverse experiences related to age, disabilities, as well as cultural, language, ethnic, sexual and gender identities. We seek to generate relevant and useful evaluation results by consulting with key stakeholders who help us ensure that any data collection reflect the values and diverse experiences of our behavioral health community.

We have already established a large group of stakeholders that includes community members, behavioral health leaders and peer advocates. As the Innovations program is established and the Peer Team identified and trained, the stakeholder group will expand to include members of the Peer Team as well as clients/users.

The stakeholder group will be consulted on Innovation project learning goals, data collection tools, methods and language for data collection, and how best to summarize and communicate findings to suit diverse audiences. San Francisco also has an active Mental Health Board that meets monthly and a Behavioral Health Services Client Council, where issues important to client representatives, including Innovations project findings, are presented and discussed. Both the Client Council and the Mental Health Board will be integral partners in designing the evaluation, interpreting and reporting the findings, and making recommendations for client-focused program improvement.

CPP Meeting at Sunset Mental Health Program.

MHSA General Standards

Our Innovations Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320.

    a) Community Collaboration
    The project will be a collaboration between peer specialists, Behavioral Health Services, community-based organizations, CalMHSA and multiple counties with the state of California.

    b) Cultural Competency
    The Peer Specialists will receive cultural humility training and reflect the diversity of the community they are serving.

    c) Client-Driven/ Family-Driven
    This project places peers and family members who have lived experience and who have been involved in the mental health system at the center of programming. The peer specialists will be a highly skilled team who will use their expertise to meet each client where they are at.

d) Wellness, Recovery, and Resilience-Focused

This project design will be consistent with the philosophy, principles, and practices of Wellness and Recovery for mental health consumers. It will promote concepts key to the recovery for mental illness such as: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

e) Integrated Service Experience for Clients and Families

This project focuses on increasing access to mental health resources for underserved communities throughout San Francisco by integrating new technology interventions throughout the existing San Francisco mental health system.

Plan after the Innovations Learning Project Ends

San Francisco Behavioral Health Services will utilize several strategies to secure continuation funding for the proposed Innovations Learning Project, if the entire project or components of the project are found to be effective in meeting our proposed outcomes.

The team will utilize data reports to identify successful interventions, population needs and opportunities. The Program Manager and Quality Management will analyze project data to determine the efficacious components of this project. These findings will be used to construct a rationale for the ongoing continuation of alternate funding, other than using Innovations funding, based both on the positive impact of the communities being served.

Another approach involves an ongoing process of improving and enhancing citywide collaborations as a way to both expand services reimbursements and identify potential points of interaction or resource sharing that could create opportunities for alternate forms of continuation support.

Continuity of Care for Individuals with Serious Mental Illness

Within the broader system of care, there is a network of peer providers that provide services for clients with severe mental illness. In addition, a segment of peer services exists within a wide variety of MHSA providers. These contractors are funded by MHSA to provide peer services for any BHS clients. The existing menu of services includes; support groups, individual and group counseling, wellness activities including outings, family to family classes, linkage, Dual Recovery Anonymous, Wellness Recovery Action Plan (WRAP) planning, cultural specific activities, services to those with hoarding and cluttering issues, and support for those interested in vocational activities.

One of the ongoing goals for the peer specialists involved with this project will be to educate and link users into relevant services in the community. When the project ends, the clients/users involved in the project will have received an introduction to these services and be able to access them as part of their care plans.

Communication and Dissemination Plan

Project learnings and newly demonstrated successful practices will be shared within our county and to stakeholders. Successful elements of this project can be applied to other areas of the behavioral health system of care. Shared practices could change service delivery and the peer

employment infrastructure, possibly expanding the focus areas of future peer programs to involve more technology-based interventions.

Successful practices and lessons learned will be shared with the San Francisco Mental Health Board and San Francisco Board of Supervisors, as well as with the BHS Executive Team. SF-MHSA team members will present at the MHSA Advisory Committee and MHSA Provider Meetings, which include peer based organizations and community based agencies. Project successes and challenges will be presented on at the Client Council, a committee of consumers that perform an advisory role on BHS affairs. Finally, the findings will be presented at a state-level to the MHSOAC and these findings may provide insight to other counties working on similar projects.

Timeline

Phase I- Start Up and Planning (10/1/2018-12/31/2018)

The program will collaborate with all counties approved by the MHSOAC and participating in this multi-county effort regarding the use of the technology-based platforms and collaborative planning efforts. The program will fine-tune the scope of work, hire needed staff, and establish the necessary infrastructure to implement the project. Program staff and consumers will also spend the first three months of this project selecting community partners that employ peers that can engage and serve San Francisco residents who wish to utilize technology-based interventions.

Phase II- Implementation (1/1/2019-6/30/2021)

In this phase, the project will be fully operational and engaging with San Francisco residents who are seeking additional sources of support. The local evaluation activities will be refined and implemented throughout this phase.

Phase III – Reflection, Evaluation, and Dissemination (7/1/2021-9/30/2021)

In this phase, the evaluation data gathered in the implementation phase will be analyzed to determine best practices, lessons learned and the overall impact of the project. We will also assess the success of the community and governmental partnerships and the added value of their collaborative efforts.

As stated above, this Innovations project will be a collaborative effort with other counties in regards to program implementation and project evaluation. As more counties join this project, they will enter and exit in different phases in the life cycle of this project, based on their proposed timelines. The City and County of San Francisco is proposing a three-year timeline that will begin upon MHSOAC approval. The County plans to adopt all of the learning questions outlined above and collaborate with participating counties throughout its participation in this project. In the event that the collaborative county partners exit this project during the City and County of San Francisco's three-year timeframe, we plan to continue our evaluation of the learning questions and finish the evaluation accordingly.

Budget Narrative

The total requested budget is $1,005,045 for the first year, $636,477 for the second year and $631,477 for the third year for a total budget of $2,273,000 over three (3) years. If approved by the MHSOAC, SF-MHSA will utilize FY18/19 Innovations Funding for the first year and will not utilize reversion funds.

SF-MHSA will make a contribution to buy into the multi-county collaborative in order to leverage funding and reduce costs. The total collaborative expenses for the three-year period will total $1,357,909. These collaborative costs will be the City and County of San Francisco's contribution towards the technology suite including one peer specialist with the state selected vendor 7 Cups for the peer chat component; collaborative evaluation activities to be carried out by the state selected vendor University of California Irvine; outreach and marketing efforts with the state selected vendor RSE; and access to application products specifically designed to meet the needs of the target populations previously identified.

The total local county expenses for the three-year period will total $915,091.These local costs will cover expenses including the local evaluation activities to measure local outreach, penetration and engagement; the local peers that will be hired; training for the peers; a SF-DPH manager to oversee this project; and a small operating budget for local expenses.

The peer personnel budget for this project will go toward hiring 2.0 FTE county contracted peer counselors at $18/hr to staff the local Peer-to-Peer Chat Interventions component, provide local outreach and provide consultation for project design and implementation. In addition, we will hire a 1.0 FTE lead peer counselor to act as a key individual on the team designing and driving the peer outreach/engagement efforts. The lead peer will be a county contracted position hired at $21 an hour. The peer counselor rates of pay were determined by using the Behavioral Health Services' Peer Pay Rate Structure based on the specific peer activities being conducted and the skill-level required. All peers that work at least 20 hours per week will be eligible for health insurance, and all peers will be eligible for fringe benefits including workers compensation and access to a health services account. All benefits/fringe is estimated to be at 29.74% of the total salaries budget. The SF-DPH manager of the overall project will be a 0.5 full-time equivalent position that will be responsible for implementing the work plan.

We are requesting $13,086 annually for operating expenditures to engage participants and operate the program including travel, refurbished tablets and smart phones for participants, office supplies and other items.

Leveraged Funding

The training for the peer counselors will be leveraged through existing funds allocated to the BHS Peer Specialist Mental Health Certificate program, the Advanced Peer Certificate Program and the Leadership Academy's monthly training seminars for peers. The additional annual training expenditures for this project are estimated at $11,772.

Please refer to the Innovations Project Budget below for more details.

Innovations Budget

Collaborative Expenses		Year One		Year Two		Year Three		Innovation Total
CalMHSA Overhead (5%)		$ 67,895	$	-	$	-	$	67,895
Collaborative Experts		$ 46,000	$	46,000	$	41,000	$	133,000
7 Cups: Apps								
Start-Up Fee		$ 57,089	$	-	$	-	$	57,089
Development Fund		95,149		-		-		95,149
Licensure/Annual Fees		133,209		133,209		133,209		399,626
Local Customization								-
7 Cups - Apps Subtotal		**$ 285,447**	**$**	**133,209**	**$**	**133,209**	**$**	**551,865**
7 Cups: Paid Peers								
Start-Up Fee		$ 15,224	$	-	$	-	$	15,224
Development Fund		-		-		-		-
Licensure/Annual Fees		57,089		57,089		57,089		171,268
Local Customization								-
7 Cups - Paid Peers Subtotal		**$ 72,313**	**$**	**57,089**	**$**	**57,089**	**$**	**186,492**
Collaborative Evaluation								
Start-Up Fee		$ 133,209	$	-	$	-	$	133,209
Development Fund		-		-		-		-
Licensure/Annual Fees				57,089		57,089		114,179
Local Customization		-		-		-		-
Evaluator Subtotal		**$ 133,209**	**$**	**57,089**	**$**	**57,089**	**$**	**247,388**
Collaborative Outreach & Marketing								
Start-Up Fee		$ 38,060	$	-	$	-	$	38,060
Development Fund		57,089		-		-		57,089
Licensure/Annual Fees				38,060		38,060		76,119
								-
Outreach & Marketing Subtotal		**$ 95,149**	**$**	**38,060**	**$**	**38,060**	**$**	**171,268**
Collaborative Subtotals								
Start-Up Fee		$ 243,582	$	-	$	-	$	243,582
Development Fund		152,239		-		-		152,239
Licensure/Annual Fees		190,298		285,447		285,447		761,193
Local Fees		-		-		-		-
Vendor Subtotals		**$ 586,119**	**$**	**285,447**	**$**	**285,447**	**$**	**1,157,013**
TOTAL COLLABORATIVE EXPENSES		**$ 700,014**	**$**	**331,447**	**$**	**326,447**	**$**	**1,357,909**

Local Expenses	Year One	Year Two	Year Three	Innovation Total
Local Evaluation				
Measuring Outreach & Engagement	$ 25,000	$ 25,000	$ 25,000	$ 75,000
Personnel Expenses				
County Mental Health Department	$ 78,266	$ 78,266	$ 78,266	$ 234,798
County Contracted Providers	$ 176,906	$ 176,906	$ 176,906	$ 530,718
Operating Expenses	$ 13,087	$ 13,086	$ 13,086	$ 39,259
Local Training Expenses	$ 11,772	$ 11,772	$ 11,772	$ 35,316
TOTAL LOCAL EXPENSES	**$ 305,031**	**$ 305,030**	**$ 305,030**	**$ 915,091**

Total Expenses	Year One	Year Two	Year Three	Innovation Total
Total Collaborative Expenses	$ 700,014	$ 331,447	$ 326,447	$ 1,357,909
Total Local Expenses	$ 305,031	$ 305,030	$ 305,030	$ 915,091
TOTAL PROJECT EXPENSES	**$ 1,005,045**	**$ 636,477**	**$ 631,477**	**$ 2,273,000**