



San Mateo County MHSa Innovation Plan

Increasing Access to Behavioral Health Services and Supports Utilizing a Suite of Technology-Based Behavioral Health Interventions

I. Project Overview

1). Primary Problem

- a) *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.*

With a population estimate of approximately 764,797, San Mateo County is one of the larger suburbs on the San Francisco Peninsula. Santa Mateo County is also home to a diverse range of races and ethnicities.¹ White residents comprise the largest proportion of residents (39.5%), followed by Asian or Pacific Islander (27.8 %) and Hispanic or Latino residents (24.8%). More than 46% of the County population five years of age and older spoke a language other than English at home; of this population, 45% spoke English less than “very well,” according to the 2011-2015 Census estimates. As of January 1, 2015, San Mateo County’s threshold languages are Spanish, Chinese (Mandarin and Cantonese) and Tagalog.

It is important to note the diversity of the County because each community experiences different culturally-specific challenges in their ability to access the mental health services they need. During San Mateo County’s FY 17-20 Mental Health Services Act (MHSa) Three-Year Community Program Planning (CPP) process and through a series of stakeholder meetings held in April and May of 2018, stakeholders voiced a need for new approaches to connect and engage mental health clients/consumers to services and supports, especially for **isolated older adults, transition-age youth in crisis** and underserved racial and ethnic communities. Specifically, the **Spanish and Chinese monolingual communities** within San Mateo have been identified as un-, under-, and inappropriately served groups and prioritized through the CPP process. Some of the identified barriers to accessing mental health services for these diverse communities include:

- stigma of mental illness,
- isolation paired with geographic and transportation challenges,
- and services not being culturally relevant and/or linguistically accessible.

Additionally, the MHSa CPP process revealed that these persistent barriers also make service engagement and participation particularly difficult for transition-aged youth (TAY) in crisis and older adults with more severe symptoms that may result in isolation.

¹ https://datausa.io/profile/geo/san-mateo-county-ca/#category_age



b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Los Angeles and Kern Counties initiated a collaborative approach that invites counties statewide to bring technology-based solutions to behavioral health, forming the County Behavioral Health Technology Collaborative. Given that San Mateo County's Behavioral Health and Recovery Services (BHRS) prioritized technology innovations in the FY 14-17 planning process and reinstated this priority in the most recent FY 17-20 planning process, San Mateo County joined the County Behavioral Health Technology Collaborative. This project plans to utilize technology-based services and supports to increase access and linkages that have never been tested by a collaborative effort among county public mental health systems.

The purpose of this innovation concept is to:

- Create and advance a suite of technology-based mental health solutions to detect, recognize, and acknowledge mental health symptoms in a timely manner;
- Reduce stigma associated with mental health issues while increasing access to care;
- Increase purpose, belonging, and social connectedness of individuals served; and
- Analyze and collect data from a variety of sources to improve mental health needs assessment and service delivery.

San Mateo County saw this Innovation project as an opportunity to leverage the subject matter expertise, app development management and collaborative learning approach with the goal to reach mental health clients not currently connecting with the public mental health system with apps that are responsive to specific cultural and linguistic needs, as well as connecting clients/consumers who find it challenging to receive or access mental health services in traditional office settings.

Specifically, San Mateo County sought the opportunity to leverage technology to:

- Reach and engage four priority populations with mental health services and supports
- Reduce the burden of transportation by providing alternative methods for engaging in recovery and wellness activities that do not require travelling to a physical location, such as an office or clinic.

2). What has been done elsewhere to address your primary problem?

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?



b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

Across the state and nation, the broader mental health community has designed, implemented, and evaluated a number of initiatives that seek to address issues that impact service engagement and participation for youth, older adults, and culturally and linguistically isolated communities. Despite a multitude of investments to implement cultural-specific mental health practices that reduce disparities; grow a bilingual/bicultural mental health workforce that is reflective of communities being served; and transcend the barriers of transportation, geography, and the reliance on in-person services; disparities in service access and participation remain persistent issues to be addressed.

San Mateo County opted in to the County Behavioral Health Technology Collaborative led by Los Angeles and Kern Counties, which aims to bring interactive technology-based mental health solutions into the public mental health system through a highly innovative set or “suite” of mobile apps. Los Angeles and Kern Counties have conducted a review of the field of mental health and found that utilizing a suite of technology-based mental health services has never been used in a public mental health care setting or in a multi-county collaborative setting. Because the use of technology-based interventions in mental health is an emerging field, there are many opportunities to pilot these innovative approaches to close gaps in the existing literature and knowledge about promising practices, including:

- Practices for mitigating limitations in access to technology or internet service for low income clients/consumers;
- Practices to integrate technology-based interventions into existing in-person/community based mental health services with providers;
- Negotiating use of technology while complying with data security and HIPAA requirements of a public mental health system; and
- Launching a county-wide technology intervention suite tailored to meet the needs of the County’s unique target populations.

San Mateo County’s specific investments seek to leverage the multi-county collaborative efforts and further seek to understand the extent to which the “tech suite” engages and supports the four identified priority populations. This contribution may support other counties across the state to consider if technology-based solutions may support engagement in recovery and wellness with other un-, under-, and inappropriately served groups beyond the four identified by San Mateo County. By opting in to the County Behavioral Health Collaborative, San Mateo County has learned from counties taking the lead in incorporating emerging research into their pilots of innovative technology solutions. The Collaborative shared information with the County



about the breadth and capabilities of technology options available. The County then conducted preliminary literature reviews to identify practices and approaches in the research on technology-based interventions. While platforms and interventions differ, and the specific options chosen will be informed by input gathered during the CPP, emerging research suggests that technology-based interventions have the potential to increase access to mental health services and support ongoing recovery for clients/consumers not already engaged in services.

At this time, there appear to be no other public mental health systems using a collaborative model to roll out suites of innovative technology-based interventions to clients/consumers, and as a result, there is no information about this delivery model in the literature. The lack of information presents an opportunity for the proposed pilots to add to the knowledge of utilizing technology-based practices in a public mental health system context. Additionally, the National Institute of Mental Health (NIMH) has identified several gaps in research that require additional investigation. Regarding whether these interventions are effective, NIMH points out that some recently-developed technology-based interventions are not yet supported by scientific evidence that they work or that they are as effective as traditional methods. There is also a lack of information about which apps work best for different populations based on their needs. Addressing HIPAA and other data security concerns are a high priority and best practices in this area are still being developed.

3). The Proposed Project

Describe the Innovative Project you are proposing. Note that the “project” might consist of a process, the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation. Provide a brief narrative overview description of the proposed project.

- a) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).***
- b) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.***



Project Purpose

The purpose of this project is to determine if a suite of technology-based mental health apps will

- 1) Connect transition-age youth in crisis, older adults experiencing isolation, and the Spanish and Chinese monolingual communities to in-person services;
- 2) Improve access to mental health services and supports; and
- 3) Improve wellness and recovery outcomes for those who engage with the mobile apps.

The project aims to connect, increase access to and regular engagement with mental health services and supports for individuals who are struggling to connect with traditional mental health supports (for a myriad of reasons) through increasingly familiar technology devices, like smart phones, tablets, and computers.

Project Description

San Mateo County and its collaborative county partners will utilize a suite of technology-based mental health services and solutions. Through active online engagement, this project will identify those in need of mental health services and offer innovative techniques and approaches to engagement in recovery and wellness activities. This project also serves to reduce the stigma associated with mental health treatment by using virtual engagement strategies. The County plans to adopt interventions within the three domains that are part of the collaborative technology suite depending on specific needs as identified by the four target groups.

- **Online Peer Chat and Support Groups:** Online Peer Chat and Support Groups utilize online chat capability designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness. Though research on online peer chat and support has increased in recent years, many researchers concluded that there is an overall lack of evidence on the effectiveness of online peer chat on consumer outcomes in general and among different subpopulations. However, existing research suggests that people with serious mental illness who accessed online peer support experienced greater social connectedness and learned strategies for coping with daily challenges of living with mental health issues. Online peer support was also found to show promise as an intervention to assist clients/consumers in gaining insight about their situation and developing a sense of empowerment and hope.
- **Virtual Therapy Using an Avatar:** This range of apps offers virtual manualized evidence-based interventions delivered via an avatar powered by artificial intelligence (AI), such as mindfulness exercises and cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion. For apps within this category of interventions, research varies widely depending on how the intervention was designed and the mental health issues clients/consumers were experiencing at the time of evaluation. For example, some virtual therapy models are specifically designed to support clients/consumers with anxiety disorders. Interventions also vary along a spectrum of automation from providing therapy services where a clinician is represented as an



avatar, to an avatar completely driven by AI with no human involvement. While some research suggests that avatar-based mental health interventions are promising, researchers view this as a nascent area of research and call for additional studies.²

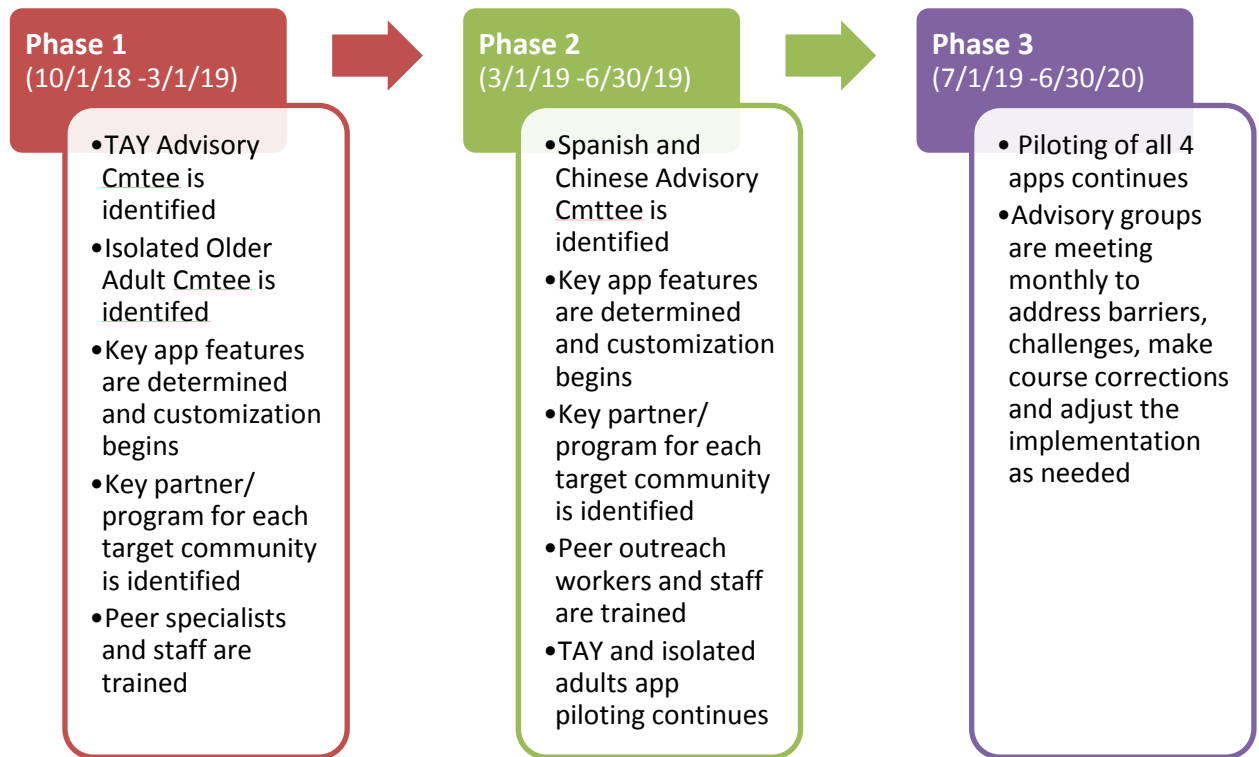
- **Digital Phenotyping:** The proposed plan includes an interactive approach to digital phenotyping where the technology is able to monitor cell phone usage (passive data) and interact with the user through a pop-up chat function to promote increased user understanding of thought and feeling states. Web-based analytics then inform targeted communications and recommend interventions. Digital phenotyping can detect subtle social or behavioral red flags clients/consumers experience between outpatient appointments and evaluations, which may indicate early onset of serious symptoms. For example, decreased communication, motor activity, or changes in speech or sleep patterns may be a harbinger of relapse for some clients/consumers. Preliminary research has found that using digital phenotyping in a mental health context shows promise as a method to identify symptoms early and prompt intervention before clients/consumers escalate to crisis or psychiatric relapse, thus averting the disruption, cost, and potential tragedy associated with repeat crises.³

Project Implementation

San Mateo County will take a measured and client-centered approach to the implementation of these technological apps, as described below. Based on initial findings from the Innovation CPP Process, the following is a suggested phased approach to app development and customization based on readiness (key stakeholders engagement, current programs and infrastructure to support implementation) from each of the target communities.

² Rehm, C. I., Foenander, E., Wallace, K., Abbott, J.-A. M., Kyrios, M., & Thomas, N. (2016). What Role Can Avatars Play in e-Mental Health Interventions? Exploring New Models of Client–Therapist Interaction. *Psychiatry*. <https://doi.org/10.3389/fpsy.2016.00186>

³ Onnela, J.-P., & Rauch, S. (2016). Harnessing Smartphone-Based Digital Phenotyping to Enhance Behavioral and Mental Health. *Neuropsychopharmacology*, 1691–1696. <https://doi:10.1038/npp.2016.7>



1. Conduct outreach and recruitment for Tech Suite Advisory Committees. This project will convene an advisory committee per target community composed of mental health clients/consumers, family members, community members, culturally specific providers, and mental health providers to help design and oversee the Tech Suite implementation rollout and evaluation. The County will work to identify key stakeholders within each community for recruitment, and reach out to these parties communicating a clear vision, purpose, and role for group members with explicit time commitment and expectations.
2. Identify and customize most appropriate apps to respond to specific needs of San Mateo target communities. Initial findings from the Innovation CPP process suggest that some apps may be better suited to support and address key issues with each community. For example, Youth expressed discomfort with “serious” mental health support and suggested that youth would be more open to trying apps they perceived as “low-key” and casual. Some youth were interested in less intensive apps that are useful for one-time stress reduction (such as an app that provides prompt for breathing exercises to navigate through moments of panic or anxiety). Given this specific input, the Virtual Therapy app may be most appropriate. However, for transition age youth in crisis (target population), the app should be able to connect youth to local crisis line and other resources. Further considerations brought up during the CPP process is that the County will need to develop a crisis response plan and communicate it clearly to all



using the apps so that youth will connect with crisis services when needed. Lessons learned from other counties involved in the Collaborative will also help customize Tech Suite apps specifically for a San Mateo County user audience.

3. Create a strategic approach with Tech Suite Advisory Committee to access points to expose individuals to technology-based mental health solutions, including:
 - Engaging the school systems, including colleges and universities, to promote use of services and supports
 - Partnering with those providing services and supports to at-risk Transition Aged Youth, including working with mental health providers, social workers, and foster-care advocates who frequently interface with young adults.
 - Leveraging social media, public websites and other media to promote use of technology-based services
 - Working with mental health organizations (National Alliance for Mental Illness) and culturally-specific community health workers (Promotores), the LGBTQ Center, peer-based community learning centers, and local support groups to promote use of technology-based services
 - Collaborate with those providing services to older adults at risk for isolation, including working with senior apartment complexes, senior centers, and faith-based organizations who outreach to seniors
 - Work with local public locations, including agencies, libraries and other resources to promote technology-based use
 - For isolated people and those who are not engaged in services fully or at all, it will be important to conduct outreach in places they already go to and with people they already interact with such as faith based communities; salons/barber shops; grocery stores; Laundromats, libraries, hospitals/Clinics/Primary health care facilities; case workers; law enforcement and first responders, etc.

4. Identify peer/family specialists to conduct training of BHRS staff and community partners. This will provide an overview training to BHRS providers, contracted providers, peers specialists, and other key stakeholders on how to access the apps, HIPPA implications, and crisis roles and responsibilities. Trainings will be structured to provide a didactic overview of materials, discussion, and a space for demonstrations of the apps. Program staff and peers will be ready to support clients in use of apps and clinical integration as relevant.

5. Early phase of evaluation plan is completed. This will include the initial prep phase and developing of tracking processes to support daily monitoring of activities, challenges and identification of any needed course corrections.

6. Information security is in place, implement technology-based mental health interventions designed to engage, educate, assess, and intervene with individuals experiencing symptoms of



mental illness. San Mateo will roll out the technology suite for transition age youth and isolated seniors first. Customized services will include:

- Virtual peer chatting with trained and certified peers with lived experience
- Virtual support communities for populations including those experiencing behavioral health-related symptoms and family members of those with mental illness
- Virtual chat options for parents of children and adults receiving behavioral health care
- Virtual interventions like mindfulness exercises and Dialectical Behavior Therapy (DBT)
- Referral process for those requiring additional in-person services or supports through the San Mateo Behavioral Health and Recovery Services System of Care.

7. Data collection and analysis of outcome evaluation of all elements of the project, including:

- Increased wellbeing of those utilizing services
- Reduced duration of untreated/undertreated mental illness
- Increased ability for users to identify cognitive, emotional and behavioral changes and actively address them
- Increased quality of life, measured objectively and subjectively by both the user and by indicators such as activity level, employment, school involvement, etc.

Qualifications for Innovative Project

In accordance with the three specified approaches in CCR, Title 9, Section 3910 (a), this project: Introduces a new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.

Why is this Innovative?

This project will use technology-based services and supports to engage populations not previously engaged through outreach and education efforts. While private industry technology-based services have been used in public health institutions, technology-based services and supports to increase access and linkages have never been tested by multiple public mental health departments across several counties.

Why is this an appropriate approach for San Mateo?

San Mateo County plans to use technology as a means of reaching and engaging those with mental health issues, which may be particularly appropriate and helpful for unserved and underserved populations, which were previously unidentified through culturally-relevant platforms.

4). Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing



that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

- a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.***
- b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?***

Through the utilization of technological apps, this project seeks to engage mental health clients/consumers in mental health services, promote social connectivity with peers, and mitigate the barriers of stigma for culturally specific communicates by creating culturally responsive options to mental health services. This Tech Suite Innovation Project is a County priority, because the MHSA process identified that despite various approaches to outreach there are still underserved populations struggling to engage in services. These specific populations were identified as: (1) isolated older adults, (2) Transition Aged Youth in crisis, (3) Latino mental health clients/consumers, and (4) Chinese mental health clients/consumers. Mental health issues can be compounded by symptoms and experiences of isolation. Clients/consumers who struggle to connect to in-person traditional services either because of mental health stigma, transportation barriers, or other difficulties still deserve venues to get help. Over the years, technology has advanced and can be customized to meet the needs of these isolated community members.

This project seeks to test out use of a set of technology tools to provide alternative mechanisms for support to individuals who may need mental health care and to reach these individuals for whom San Mateo has not been successful in identifying or engaging through methods that are relevant to these specific populations. This project will strengthen and expand the County's use of peer support and culturally responsive technology apps through a virtual service delivery that has never been used by BHRS before.

5). Learning Goals/Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.

- a) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?***
- b) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?***

The Tech Suite pilot is intended to provide an opportunity for the County to reach *three main learning goals*:



1. Does the availability and implementation of technology-based mental health apps connect transition age youth in crisis, older adults experiencing isolation, and the Spanish and Chinese monolingual communities to in-person services;

2. Does engaging with the apps promote access to mental health services and supports?

3. Does engaging with the apps effectively promote wellness and recovery?

The County prioritized these goals in order to respond to the needs identified through the various community planning initiatives it has conducted and to utilize MHSA Innovation funding to expand access to mental health services for unserved and underserved community members. Learning within the field of technology-based mental health interventions is developing as the technology emerges and people are beginning to use it and provide feedback. These learning goals guide the County in contributing to the knowledge in this nascent field of research and practice.

6). Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

- a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?***
- b) What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.***
- c) What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?***



- d) *How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?*
- e) *What is the preliminary plan for how the data will be entered and analyzed?*

Target Population

The target participants include those who were identified as unserved or underserved during the FY 17-20 Mental MHSA Three-Year CPP and through a series of stakeholder meetings held in April and May of 2018: isolated older adults, transition-age youth in crisis, and monolingual Chinese and Spanish speaking residents. The Tech Suite will be evaluated using a mixed methods approach to meet the learning goals.

Learning Goal 1: Does the availability and implementation of technology-based mental health apps connect transition age youth in crisis, older adults experiencing isolation, and the Spanish and Chinese monolingual communities to in-person services? The evaluation will use surveys embedded in the apps to determine the extent and level of engagement among the target populations.

Learning Goal 2: Does engaging with the apps promote access to mental health services and supports? Qualitative data will be used to better understand what is effective at promoting engagement or what can be improved to improve engagement.

Learning Goal 3: Does engaging with the apps effectively promote wellness and recovery? Qualitative analysis will be used to provide context for quantitative data and develop an understanding of clients/consumers' experience and perspectives on using the apps and whether the apps supported their wellness and recovery. Quantitative data will be gathered specifically for the digital phenotyping app by the statewide evaluation vendor, other data may be available through surveys that assess self-reported wellness outcomes.

Data sources to support the evaluation will include:

- **Participant Survey:** The County will gather quantitative data through surveys on the apps that invite clients/consumers to rate their wellness and recovery.
- **Focus Groups and Interviews:** The County will gather qualitative data through a process of interviews and focus groups with the target populations about their experience using the apps and their perspective on the extent to which they engaged in the apps and the apps supported their wellness and recovery, access to both in-person and online services and to understand the level of engagement of the target participants due to the participation in Tech Suite services.
- **App Usage Data:** Evaluation data will be gathered about who is engaging in online services through the apps and their level of engagement to understand how the Tech Suite is engaging target participants.

A Statewide evaluator has been selected to support statewide evaluation goals, phenotyping data and app usage data. It is still to be determined if the statewide evaluator will be able to



support local learning goals. During the INN CPP local process, stakeholders were concerned about the possibility of further isolation of individuals using the apps and the importance of not replacing in-person interaction and services. It was due to this feedback that we added Learning Goal 1. The County will contract an independent evaluator if needed to ensure that local stakeholder questions and learning opportunities are supported. The Tech Suite Advisory Committee will inform the evaluation process. The committee will be composed of stakeholders required by MHSA as well as representatives from the target population communities. The Advisory Committee will meet quarterly to have opportunities to review and engage with the data.

7). Contracting

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

BHRS Managers are assigned contract management responsibilities and meet with contractors on a monthly basis initially and as things rollout on a quarterly basis to discuss progress, challenges and support needed. The MHSA Manager with support from an MHSA project coordinator will oversee all MHSA program evaluation deliverables and work with evaluation contractors on a regular basis. The Tech Suite Advisory Committee will inform the evaluation process.

II. Additional Information for Regulatory Requirements

1). Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

- a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.***
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include "Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements."***



- c) ***Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.” Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.***
- d) ***Documentation that the source of INN funds is 5% of the County’s PEI allocation and 5% of the CSS allocation.***

The INN Project proposal was presented to the San Mateo County Board of Supervisors as part of the MHSA FY 2017-2020 Three-Year Plan and Annual Update on August 7, 2018. The resolution authorizing the approval of the MHSA Three-Year Plan and Annual Update, AB114 Reversion Plan and Innovation Plan and the County Compliance and Fiscal Accountability Certifications of the plans will be submitted to the MHSOAC as indicated.

2). Community Program Planning

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Projects.

During San Mateo’s FY 17-20 MHSA Three Year Planning Process, the Department gathered input at existing County meetings and targeted input sessions, through online surveys, and through formal public comment. In the spring of 2017, San Mateo hosted two public meetings, a CPP Launch Session and a CCP Prioritization Session. Over 270 participants were in attendance, and 156 demographic sheets were collected; 37% identified as clients/consumers and family members. Participants represented groups set forth in the MHSA legislation, including homeless individuals, law enforcement, mental health clients/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, see Appendix 1.

From these community engagement activities, San Mateo County learned about the specific populations being un/underserved as (1) isolated older adults, (2) transition aged youth in crisis (TAY), Latino mental health clients/consumers, and Chinese mental health clients/consumers.



San Mateo County Behavioral Health and Recovery Services MHSA Innovation Plan- Technology Suite

In April and May of 2018, San Mateo began a Community Planning Process that included 14 community meetings aimed to (1) inform community members about proposed the Technology Suite INN plan and (2) seek input and feedback from stakeholders to incorporate into the final plan. Stakeholders received background information about the Innovation Projects and the Mental Health Services Act to ensure their ability to meaningfully participate. See Appendix 2 for all materials developed for stakeholder engagement. The stakeholder groups included were:

AB 114 Innovation Plan Community Forum Schedule

Session	Date	Time	Location
Coastside CSA	17-Apr	8:30am	225 S Cabrillo Hwy. Halfmoon Bay, 1st Floor Conference Room
Peer Recovery Collaborative	17-Apr	12:00pm	210 Industrial Road San Carlos, Suite 102
Northwest/Northeast CSA	17-Apr	3:30pm	725 Price St Daly City
Youth Commission	26-Apr	6:30pm	Closed session
Family Partners & Peer Workers	30-Apr	2:00pm	Closed session
Monolingual Spanish	1-May	6:00pm	802 Brewster Ave Redwood City
Older Adults	2-May	10:00am	2000 Alameda de las Pulgas, San Mateo, Room 208
MHSARC – Public Comment	2-May	3:00pm	225 37 th Ave. San Mateo, Room 100
South County	3-May	10:00am	Friendship Center, 802 Brewster Ave, Redwood City
Central CSA	3-May	3:30pm	2000 Alameda de Las Pulgas, San Mateo, Room 201
Diversity and Equity Council	4-May	11:00am	609 Price Ave. Redwood City, Room 107
BHRS Management	8-May	9:00am	Closed session
Monolingual Chinese	8-May	11:00am	2000 Alameda de las Pulgas, San Mateo, Room 208
East Palo Alto CSA	10-May	1:00pm	2415 University Ave , East Palo Alto, Community Room

Feedback from the initial five stakeholder meetings included the following. Stakeholders expressed an interest in utilizing technology to help these isolated communities, and made suggestions broken down in the following categories.

Outreach and Engagement

- Tailor outreach and educational materials about the apps to specific target populations.
- Develop materials that can be advertised on bus stops, television, tabling events, and sent out in mailers.



- Incentivize/ leverage partnerships with monolingual communities, community colleges, schools, peer mentors, case managers, hospitals, Institute on Aging, primary care health providers, and other key stakeholders that can support outreach.
- Include representatives from these diverse target populations in outreach and engagement planning and application implementation.
- Ensure outreach and educational materials are accessible and available in the County's threshold languages

Access and Inclusion for Underserved Populations

- Services should be available in all threshold languages.
- Provide training for clients/consumers who are less tech savvy.
- Consider ensuring boundaries of youth and young adult's utilization of technology [when in-person supports are needed].
- Learn from other counties in the collaborative how to reach older adults who may be difficult to reach.
- Consider providing a stipend to give clients/consumers without a smartphone or computer device they can use to access the app services, or internet for those who are not currently connected.
- Consider utilizing current peers specialists for virtual services delivery.
- Leveraged technology to help bring people out of isolation, such as connecting clients/consumers with helpful resources like WRAP and personalized outreach.
- Coordinate with mental health open houses to help people become familiar with the in-person options the community has to offer.
- Provide transit to isolated individuals to support them becoming involved in mental health resources beyond the apps.
- Allow apps to be available to anyone in San Mateo (regardless of enrollment in traditional services).

Crisis

- Develop protocols for how to support mental health clients/consumers if application detects strong language that may indicate a crisis or venting.
- Consider mechanisms to trigger law enforcement or 911 dispatcher when necessary, and determine decision-making authority and conditions that should trigger a phone call.

Evaluation

- Consider doing an initial pilot with smaller groups.
- Develop a questionnaire to measure success within the application.

Using the Apps

- Provide choices and options for clients/consumers to be able to change peer listeners to find someone they feel the most comfortable speaking with.
- Develop the Personal Wellness Avatar application to learn information and adapt to the individual's needs, and refine the interventions it offers to consumer son an ongoing basis.



San Mateo County continued to gather feedback about the implementation of the Tech Suite apps and integrate the feedback from community into overall approaches to the plan. See Appendix 3 for a summary of notes. The key adjustments made to the plan based on the final feedback where:

1. A phased approach to implementation and piloting one app with a small subpopulation, given that there are four target communities;
2. Adjusted the target population based on this smaller pilot
3. Added a learning goal related to connecting individuals to in-person services, stakeholders felt strongly that the apps are not to replace human interaction and commented their concern that technology can potentially further isolate individuals.

3). Primary Purpose

Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

- a) Increase access to mental health services to underserved groups

The primary purpose of this project is to **increase access to mental health services for the four specified underserved populations**, (1) isolated older adults, (2) transition aged youth (TAY) in crisis, (3) monolingual Spanish-speaking, and (4) monolingual Chinese-speaking communities.

4). MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

- a) Introduces a new mental health practice or approach.

The MHSA innovation best applicable to this project is the **introduction of a new mental health practice or approach**.

5). Population

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain

The specific target groups for San Mateo County Innovation Project are:

- Isolated older adults
- Youth in crisis, and
- Monolingual Chinese and Spanish-speaking communities.



Total number of individuals served

For the past three years, San Mateo County MHSA Outreach Collaboratives meaningfully engage an average of 3% of their respective geographic areas, 1% are referred to mental health or substance use services, often through a warm hand-off. The Outreach Collaboratives employ a promotores/health navigator model of outreach and we would expect to utilize the same outreach model for these special populations and thus expect the same reach for a county-wide approach. We will determine appropriate numbers of individuals to be served once the key program partner is identified for the smaller pilot. In the meantime, population wide estimates are provided below. These will represent the potential reach of full-fledged programming, the actual reach will become more accurate as key programs and partners are identified.

- Age-specific populations – in the general population there are 208,000 older adults 55+ in San Mateo County; 1% of this is 2,080. 55-69 year olds account for the majority of adults that receive specialty mental health services. In San Mateo County FY 15-16, there were 29,614 adults age 45-64 and 19,161 adults 65+ eligible for specialty mental health services. 1% of the older adult eligible population is 488. For transition aged youth (15-24) population is 82,700; 1% of this is 827. In San Mateo County FY 15-16, there were 944 youth age 12-17 and 378 youth age 18-20 eligible for specialty mental health services. 1% of this is 13.
- Cultural-specific populations - 1% of the County's Latino population of 66,600 is 700 individuals. It is possible that 2% of the population is receiving mental health services, and ½ of those community members are likely not getting the mental health supports that they need. Similarly, for the Chinese community 1% of the County's Chinese population of 25,000, which is 250 individuals. It is possible that 2% of the population is receiving mental health services, and ½ of those community members are likely not getting the mental health supports that they need.
- Medi-Cal enrollees - BHRS served 5% (5,826) of the average unduplicated Medi-Cal enrollees. This Innovation project intends to serve 1,165 target for beneficiaries in the system through staff and/or peer introductions.

6). MHSA General Standards

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

- a) Community Collaboration***
- b) Cultural Competency***
- c) Client-Driven***
- d) Family-Driven***
- e) Wellness, Recovery, and Resilience-Focused***



f) Integrated Service Experience for Clients and Families

This San Mateo Innovation Plan is informed and reflective of the MHSA legislation key components listed above.

- **Community Collaboration:** The need for new approaches to services was derived from a collaborative community stakeholder process, and this project will seek to work with community members through the Tech Suite Advisory Committee to ensure San Mateo stakeholders will continue to inform the implementation of this Innovation Plan.
- **Cultural Competency:** Technology supports will have the capability to engage and address underserved communities who need a more culturally responsive approach. Additionally, San Mateo will involve diverse stakeholders in the development of these apps to ensure they are culturally competent.
- **Client/Family Driven:** The proposed apps are self-directed and customized by the clients/consumers and family members, which ensures their ability to be client and family driven.
- **Wellness, Recovery, and Resilience-Focused:** Through virtual peer chat and online communities, users can access individuals with lived experiences that are modeling recovery. Additionally, these apps include recovery-orientation platforms that remind clients/consumers of self-care practices, and specific skills like mindfulness exercises.
- **Integrated Service Experience for Clients and Families:** One possibility for these apps is the ability to connect clients/consumers and family members to service providers, which would support an integration of mental health services.

7). Continuity of Care for Individuals with Serious Mental Illness

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

Individuals experiencing serious mental health issues will receive services from this proposed project. The Technology Application Suite is intended to support self-directed recovery efforts, but not interrupt the continuity of care already provided by the County.

8). Innovation Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

- a) Explain how you plan to ensure that the Project evaluation is culturally competent.**
- b) Explain how you plan to ensure meaningful stakeholder participation in the evaluation.**

San Mateo County will utilize two mechanisms to ensure the project evaluation is culturally competent and employs meaningful stakeholder participation. First, the County will convene an Evaluation Steering Committee that will inform and oversee the evaluation process. The committee will be composed of stakeholders required by MHSA as well as representatives from the target population communities. The Steering Committee will meet quarterly to have



opportunities to vet the data and evaluation methods. Secondly, in alignment with MHSA guidelines, the County will ensure that the Steering Committee members reflect the County's cultural diversity. With diverse cultural representation and an ongoing, proactive approach to sharing information and gathering feedback from the Steering Committee, the project evaluation process will be culturally competent. The Steering Committee will also reflect the diversity of stakeholder perspectives, including consumer, County, and CBO providers. Additionally, the Steering Committee's involvement during the evaluation process will provide opportunities for stakeholders to meaningfully engage in the evaluation by providing feedback and direction regarding the evaluation methods and findings, and sharing information from their respective communities with the evaluators.

9). Deciding Whether and How to Continue the Project without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

Data analytics and evaluation coupled with local qualitative data, will inform sustainability at the conclusion of this project. Factors that will be taken into consideration include user satisfaction, outcomes, and overall effectiveness of the suite of apps. If deemed successful, if funding allows and if stakeholders (through the MHSA Three-Year Community Program Planning process) prioritize the continued funding of this program, continuation of the project or its components may be funded by MHSA.

10). Communication and Dissemination Plan

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

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

KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

As this project is a multi-county collaboration, we are partnering with CalMHSA to conduct an evaluation about successful practices and lessons learned. Those results will be disseminated for all counties (e.g. list serves) and throughout the stakeholders (standing meetings) providing oversight for this project. Program participants may choose to opt in to provide feedback through surveys, which will be included in the communication regarding results. **Keywords:** Some possible keywords or phrases that could be used to help find this project are: *therapy apps, online peer support, and mindfulness exercises, and wellness activities.*



11). Timeline

- a) Specify the total timeframe (duration) of the INN Project: **3Years 0 Months**
- b) Specify the expected start date and end date of your INN Project: **October 1, 2019 Start Date June 2020 End Date** Note: Please allow processing time for approval following official submission of the INN Project Description.
- c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for
 - i. Development and refinement of the new or changed approach;
 - ii. Evaluation of the INN Project;
 - iii. Decision-making, including meaningful involvement of stakeholders;
 - iv. Communication of results and lessons learned.

Application and Evaluation Plan	Community Outreach & Education	Implementation and Evaluation
Finalize participation agreement with MHSOAC – October 2018	Request for Proposals to select and award contracts for outreach and marketing– Jan 2019	Begin second cohort of Advisory Committees – July 2019
Launch first cohort of Advisory Committees to discuss expectations, timeline, etc. - October 2018	Training of Peer specialists, outreach workers – Jan 2019	Health Navigators are in the community to support individuals with the app – July 2019
Launch meeting with subject matter experts and vendors to discuss adaptations, support needed – Nov 2018	Launch meeting with contractors to discuss scope of work – March 2019	Develop qualitative data collection plan to supplement statewide evaluation indicators– Jan 2020
Identify indicators and evaluation plan – Jan 2019	Peer specialists, partners and outreach workers to train providers and conduct outreach – March 2019	
Milestones: Apps ready for Launch	Milestones: Community Awareness of Apps	Milestones: Mental Health Consumer and Families utilizing Apps and Data are being collected

12). Budget Narrative

Total funding amount: As of May 3, 2018, San Mateo County received notice from the Department of Health Care Services (DHCS) that **\$3,832, 545** are subject to reversion. The full amount will be allocated to this INN Project, as per the submitted Assembly Bill 114 Plan to Spend Reallocated MHSa Funds. The corresponding fiscal years for reallocated funds are included in the DHCS Enclosure 1 table below:

Enclosure 1 5/2/2018

Department of Health Care Services
MHSa Funds Subject to Reversion by Fiscal Year by Component

San Mateo	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ 423,610		\$ 423,610
FY 2007-08	\$ -	\$ -			\$ -	\$ -
FY 2008-09	\$ -	\$ -	\$ 1,048,126			\$ 1,048,126
FY 2009-10	\$ -	\$ -	\$ 246,912			\$ 246,912
FY 2010-11	\$ -	\$ -	\$ 793,069			\$ 793,069
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ 786,230			\$ 786,230
FY 2014-15	\$ -	\$ -	\$ 958,208			\$ 958,208
Total	\$ -	\$ -	\$ 3,832,545	\$ 423,610	\$ -	\$ 4,256,155

\$ - No Funds Subject to Reversion
ARER expenditure data is not complete



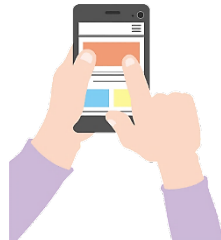
San Mateo County Behavioral Health and Recovery Services
 MHSA Innovation Plan- Technology Suite

By joining the County Behavioral Health Technology Innovation Collaborative, San Mateo County is agreeing to contribute to a statewide pool of INN funds. CalMHSA, a Joint Powers of Authority, will serve as a fiscal intermediary and in a project management role to facilitate contracting with technology vendors, support a shared evaluation, and maximize planning outreach and marketing. The budget is divided into four main components:



Local Programming
(Stakeholder driven)

\$1,046,500



Future Technology
(Stakeholder driven)

\$1,465,591*



Core Technology
(Statewide contribution)

\$992,578*



Outreach & Evaluation
(Statewide contribution)

\$367,498*

**subject to change pending final negotiations with vendors*

The majority of the INN funds (66% - \$2,512,091) will be driven by local stakeholders through our Advisory Committees and include the following:

- **Local Programming** category allows us to keep funding locally (outside of what we contribute to CalMHSA) to implement the strategies needed to support culturally responsive implementation and can include training of staff and peer workers, contracting with peer/family support agencies and agencies/groups serving monolingual Spanish and Chinese communities and local outreach and marketing efforts and materials.
- **Future Technology** development will be reserved for local stakeholder customization and/or additions to the generic apps. The Advisory Committee will work with subject matter expert(s) at CalMHSA and the vendors to assure apps are effectively maintained as well as advanced per County needs and goals. For example, during our local stakeholder process stakeholders identified the need for care coordination capacity to support the Chinese monolingual speaking community. For youth in crisis, the capacity to identify and show on a local map, safe places for youth to go when in need was identified.

The Statewide contribution to the collaborative approach is 33% of the budget and totals \$1,320,454:

- **Core Technology** development includes technology vendor fees (start-up, development, licensure, etc.), subject-matter experts and overhead. This will fund the development of all three generic apps 24/7 peer chat; wellness avatar and use of smartphone passive data.
- **Outreach & Evaluation** is statewide promotion at strategic access points and marketing within school systems, social media, public locations, etc. Data collection, analysis and performance monitoring will also be managed by CalMHSA.



Local Programming Budget Breakdown

*The Advisory Committee will be engaged in determining priorities for local programming, the breakdown below is offered as a starting point.

Local Funds Items/Personnel	Cost	Total for 2 years	Budget Justification
Peer and Family partner specialists	150,000/year	\$300,000	Peer-run contract agency to support end-users, face-to-face support services, outreach and training of BHRS staff, including providers, peer and family partner staff and network providers. Will include at minimum: <ul style="list-style-type: none"> • 1 Peer Outreach Worker: \$44K/year • 1 Peer Specialist to support system-wide training: \$50K
Spanish and Chinese community specialists	\$100,000/year	\$200,000	Contract agency with expertise in Spanish/Chinese community behavioral health outreach to support peer end-users, face-to-face support services to users and outreach. Will include at minimum 2 Peer Outreach Workers: \$44K/year
Older Adult peer and family partners	\$100,000/year	\$200,000	Contract agency with expertise in Older Adult behavioral health outreach and engagement to support peer end-users, face-to-face support services to users and outreach. Will include at minimum 2 Peer Outreach Workers: \$44K/year
Youth peer workers	\$100,000/year	\$200,000	Contract agency with expertise in Youth behavioral health outreach and engagement to support peer end-users, face-to-face support services to users and outreach. Will include at minimum 2 Peer Outreach Workers: \$44K/year
Local Communications and Marketing	\$5,000 / year	\$10,000	Social media boosts (\$500), printing (\$500), SamTrans/CalTrain Adcards (\$3000), Daily Journal/EPA Times (\$400), incentives (\$600) / year
Planning and administration	15% of operating	\$136,500	Coordination of staff training, planning, approval and request for proposals processes, market and development, final reports
	TOTAL	\$1,046,500	



San Mateo County Behavioral Health and Recovery Services
MHSA Innovation Plan- Technology Suite

Core Technology, Future Technology and Outreach and Evaluation Budget Breakdown

*vendor amounts are subject to change pending final negotiations.

SAN MATEO COUNTY TECH SUITE BUDGET

Tech Suite Budget: 2,825,667	Relative Size Unit: 3.34	% of Experts: 5.00%	Total INN Budget: 3,872,167
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Total Expenses for Desired Duration of Innovation Project (per annual budget below)									
	Overhead	Experts	Vendor #1 (7 Cups)	Vendor #2 (Mindstrong)	Vendor #3 (CBT/EBP)	Future Apps	Evaluator	Otrch & Mktg	Local Funds
Start-Up			\$100,227	\$83,522	\$33,409	\$116,931	\$116,931	\$33,409	
Development			100,227	100,227	33,409	100,227	0	50,113	
Licensure			100,227	100,227	66,818	167,045	100,227	66,818	
Other	141,283	133,000				1,081,388			1,046,500
Total	\$141,283	\$133,000	\$300,681	\$283,976	\$133,636	\$1,465,591	\$217,158	\$150,340	\$1,046,500

\$2,825,667 Total Budgeted Amount per new fee schedule (no local funds)

Expenses	FY17/18	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	Innovation Total	% of Total
CalMHSA Overhead (5%)		\$ 141,283	\$ -	\$ -			\$ 141,283	5.0%
Experts		\$ 46,000	\$ 46,000	\$ 41,000			\$ 133,000	4.7%
Vendor #1								
Start-Up Fee		\$ 100,227	\$ -	\$ -			\$ 100,227	
Development Fund		100,227	-	-			100,227	
Licensure Fees (75% in 18/19, 25% in 19/20)			50,113	50,113			100,227	
Vendor #1 Subtotal		\$ 200,454	\$ 50,113	\$ 50,113			\$ 300,681	10.6%
Vendor #2								
Start-Up Fee		\$ 83,522	\$ -	\$ -			\$ 83,522	
Development Fund		100,227	-	-			100,227	
Licensure Fees			50,113	50,113			100,227	
Vendor #2 Subtotal		\$ 183,749	\$ 50,113	\$ 50,113			\$ 283,976	10.0%
Vendor #3								
Start-Up Fee		\$ 33,409	\$ -	\$ -			\$ 33,409	
Development Fund		33,409	-	-			33,409	
Licensure Fees			33,409	33,409			66,818	
Vendor #3 Subtotal		\$ 66,818	\$ 33,409	\$ 33,409			\$ 133,636	4.7%
Future Apps/Vendors								
Start-Up Fee		\$ 116,931	\$ -	\$ -			\$ 116,931	
Development Fund		100,227	-	-			100,227	
Licensure Fees			83,522	83,522			167,045	
Local Customization		360,463	360,463	360,463			1,081,388	
Vendor #4 Subtotal		\$ 577,621	\$ 443,985	\$ 443,985			\$ 1,465,591	51.9%
Vendor #5: (Evaluator)								
Start-Up Fee		\$ 116,931	\$ -	\$ -			\$ 116,931	
Development Fund		-	-	-			-	
Licensure Fees (75% in 18/19, 25% in 19/20)			50,113	50,113			100,227	
Vendor #5 Subtotal		\$ 116,931	\$ 50,113	\$ 50,113			\$ 217,158	7.7%
Vendor #6: (Outreach & Marketing)								
Start-Up Fee		\$ 33,409	\$ -	\$ -			\$ 33,409	
Development Fund		50,113	-	-			50,113	
Licensure Fees			33,409	33,409			66,818	
Vendor #6 Subtotal		\$ 83,522	\$ 33,409	\$ 33,409			\$ 150,340	5.3%
Subtotals								
Start-Up Fee		\$ 484,430	\$ -	\$ -	\$ -	\$ -	\$ 484,430	17.1%
Development Fund		384,203	-	-	-	-	384,203	13.6%
Licensure Fees		-	300,681	300,681	-	-	601,362	21.3%
Local Customization		360,463	360,463	360,463	-	-	1,081,388	38.3%
Vendor Subtotals		\$ 1,229,096	\$ 661,144	\$ 661,144	\$ -	\$ -	\$ 2,551,383	90.3%
TOTAL EXPENSES		\$ 1,416,380	\$ 707,144	\$ 702,144	\$ -	\$ -	\$ 2,825,667	100.0%



Appendix 1



San Mateo County Health System
Behavioral Health and Recovery Services (BHRS)
 MHSA Three-Year Program and Expenditure Plan for FY 17-20



Community Program Planning (CPP) Process

San Mateo County is committed to engaging a diverse group of stakeholders using a Community Program Planning (CPP) process to ensure that communities that are experiencing mental health and substance abuse issues are heard in each phase of the process. Input is gathered at existing County meetings, targeted input sessions, online surveys, and through formal public comment. During the FY 17-20 Three Year Planning Process, San Mateo County hosted two public meetings, the CPP Launch Session on March 13, 2017 and the CPP Prioritization Session on April 26, 2017. Over 270 participants were in attendance, 156 demographic sheets were collected and of these 37% identified as clients/consumers and family members. 36 stipends were provided to consumers/clients and family members for their input.

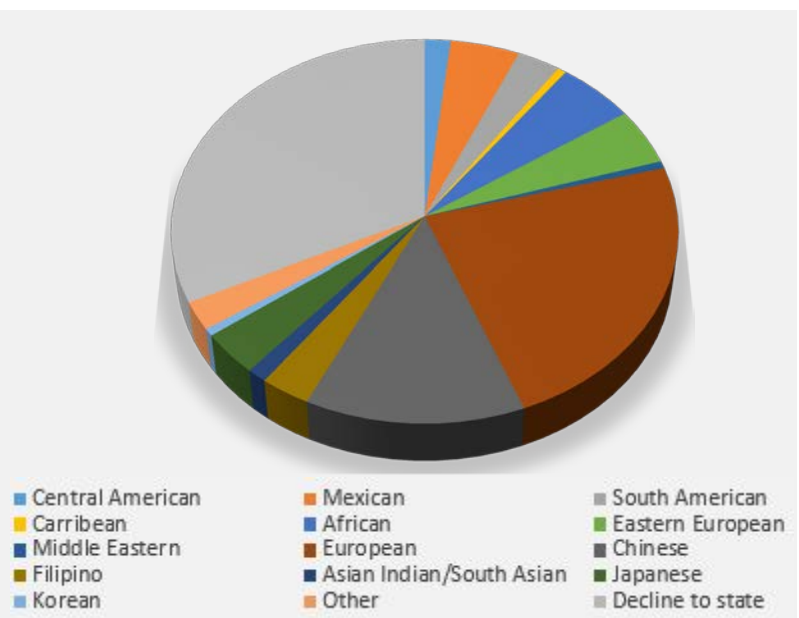
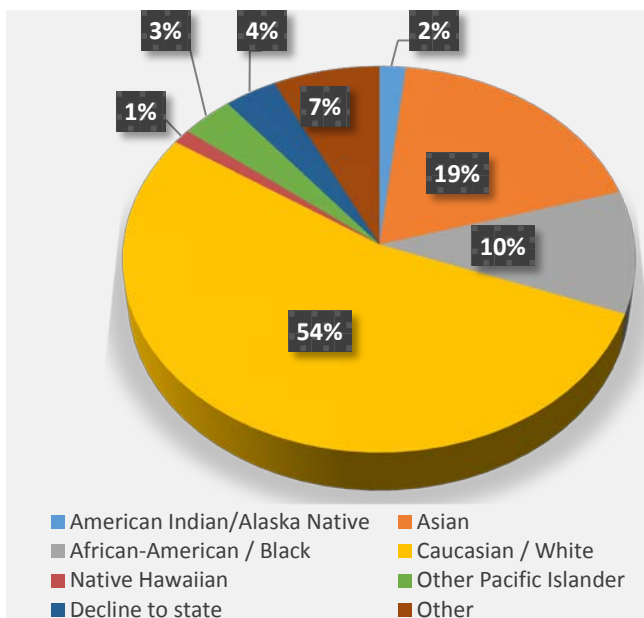
Participant Demographics

Participant Demographics help us understand how far our CPP efforts reach when engaging San Mateo County's diverse communities.

CPP Participant Demographic Sheets Collected			
156			
Male	59	Female	97
Age		Age	
16-25	3	16-25	3
26-59	36	26-59	63
60+	20	60+	31
Veteran Status			
3		3	

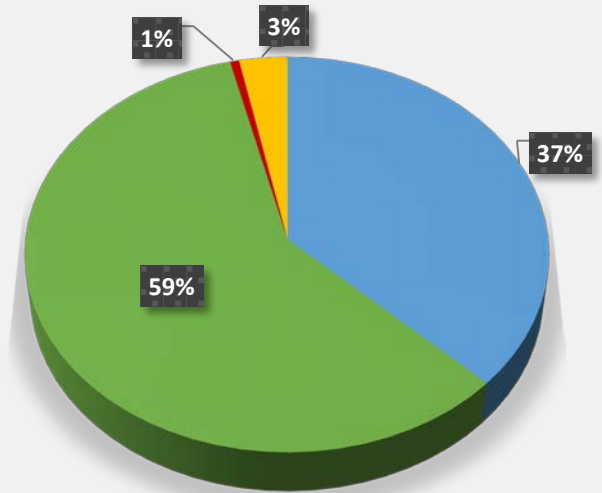
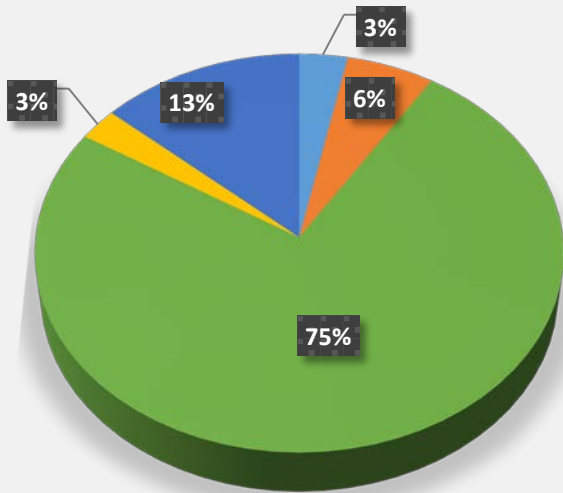
Race

Ethnicity



Sexual Orientation

Gender Identity

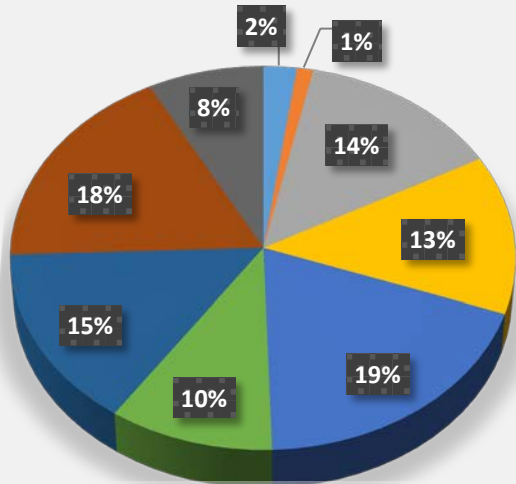


■ Bisexual ■ Gay/Lesbian ■ Heterosexual ■ Queer ■ Decline to state

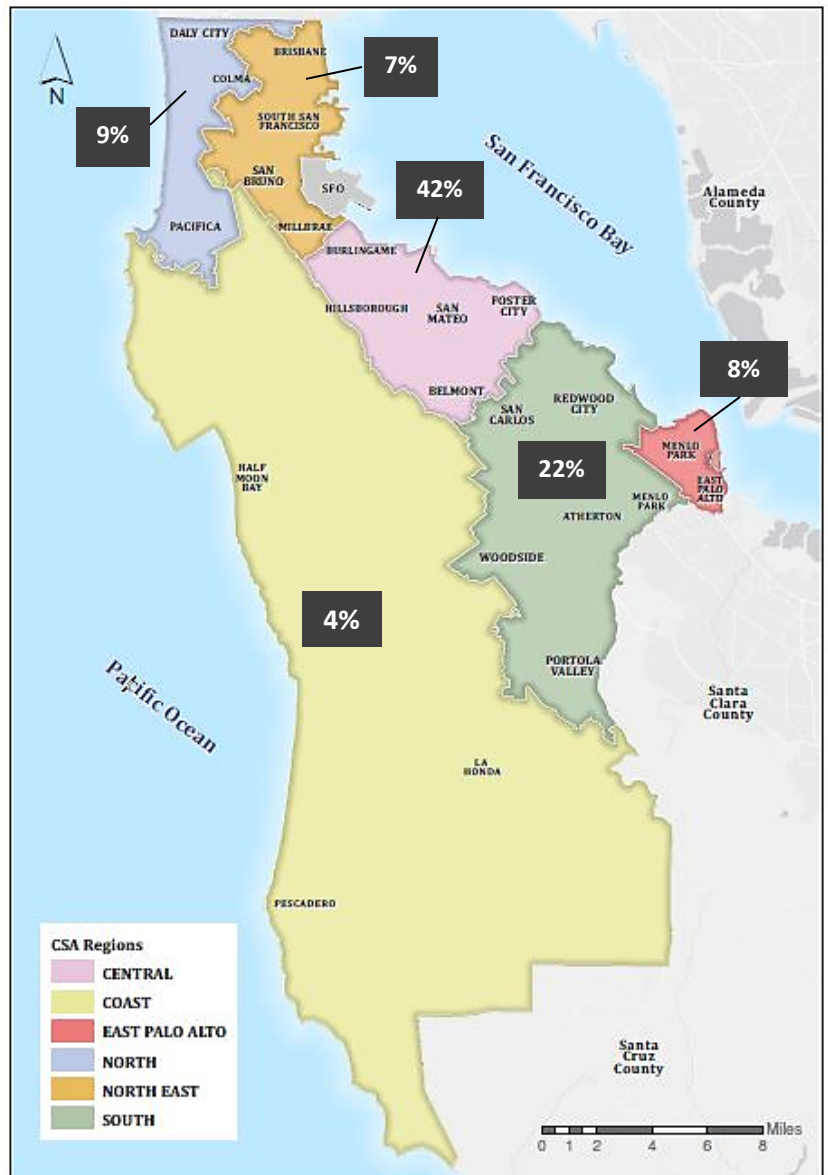
■ Male ■ Female ■ Transgender ■ Decline to state

Represented Groups

Represented Service Areas*



■ Homeless
 ■ Law Enforcement
 ■ Behavioral Health Consumer/Client
 ■ Family Member of a Consumer/Client
 ■ Provider of Behavioral Health Services
 ■ Provider of Health and Social Services
 ■ Decline to state
 ■ Disability
 ■ Other



CSA Regions
 ■ CENTRAL
 ■ COAST
 ■ EAST PALO ALTO
 ■ NORTH
 ■ NORTH EAST
 ■ SOUTH

*There are institutional barriers to accessing and attending centrally located public meetings (trust, transportation, cultural and language, etc.). In an effort to account for this, two additional Community Prioritization Sessions were conducted in East Palo Alto and the Coastsides. In the future, we will add a community session in north county as well.



Appendix 2



San Mateo Behavioral
Health and Recovery
Services

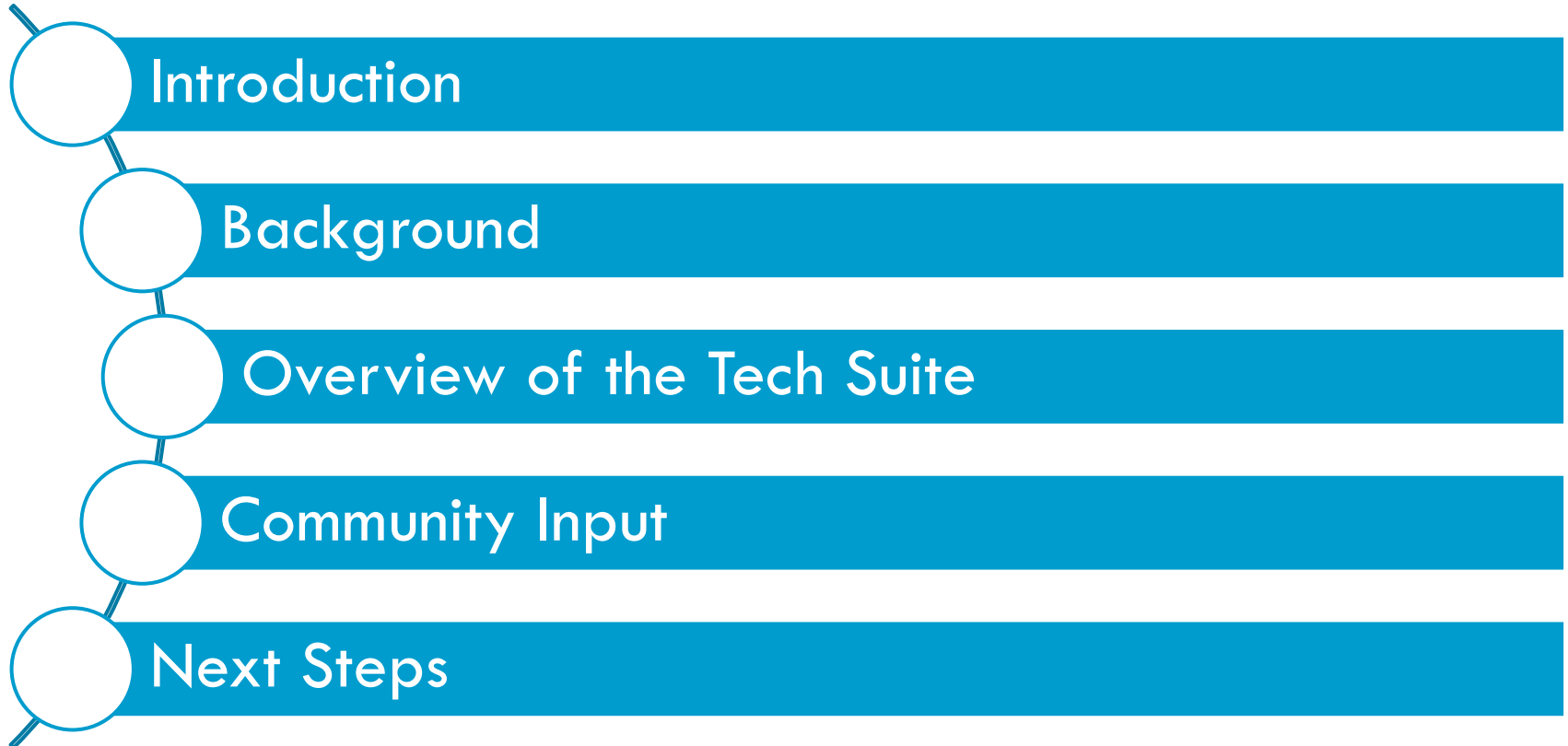
SAN MATEO COUNTY INNOVATION PLAN TECH SUITE

INN Plan Development
April - May 2018



Agenda

2



Introduction

3



About RDA: RDA is working with San Mateo County to develop its Tech Suite Innovation Plan.



Check-in: Please share your name and stakeholder affiliation.

Goals

4



Share information
about the Tech Suite



Respond to
questions and
concerns



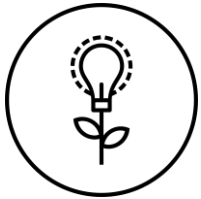
Gather feedback
about how to refine
the plan to meet San
Mateo County's unique
needs



Discuss
implementation
considerations to
refine how the plan is
rolled out

MHSA Innovation Overview

5



The Mental Health Services Act (MHSA) sets aside funding for counties to promote innovative projects to meet mental health needs in new ways.

Innovation projects...

- ❑ Have never been done before or are modified to happen in a new setting



Current Status

6



County Behavioral Health Technology Collaborative:

Multi-county collaborative with several pre-qualified vendors ready to provide a variety of apps for mental health support.

Tech Suite Description

7

The Tech Suite is a collection of innovative apps from different vendors that support wellness and recovery.

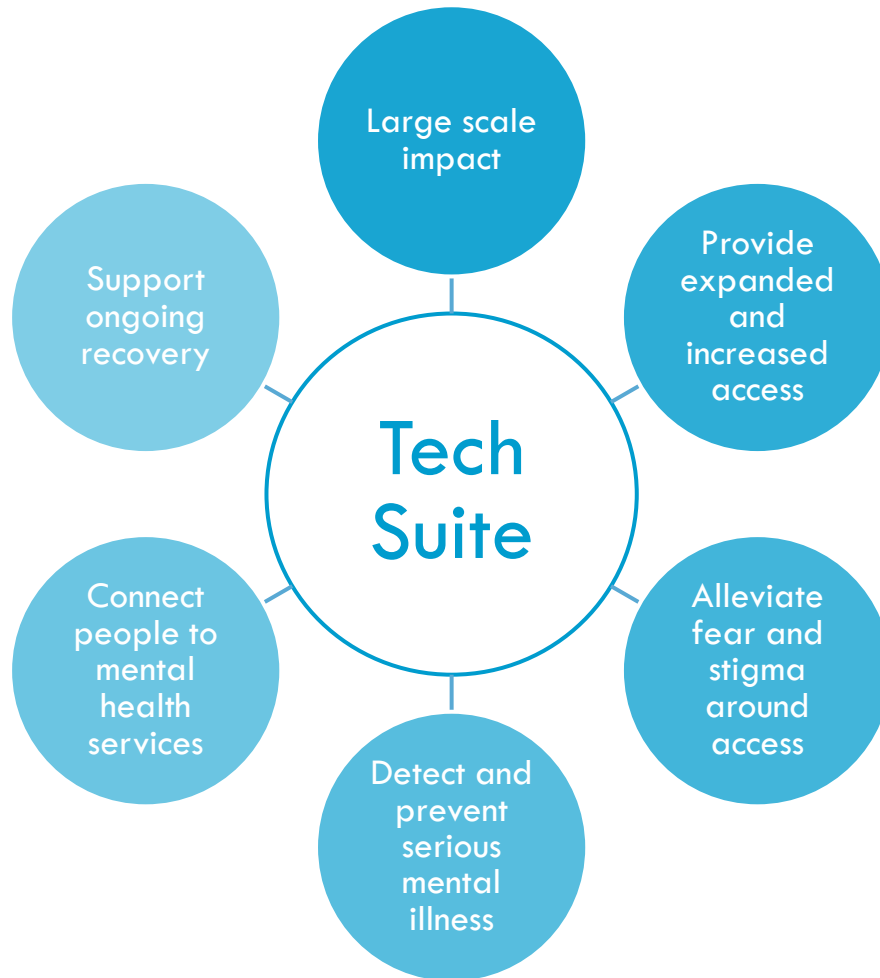


The apps are designed to:

- ❑ Engage people who are disconnected from services
- ❑ Remind clients to engage in wellness and recovery
- ❑ Increase socialization through online platforms
- ❑ Support ongoing mental health recovery

Tech Suite Benefits

8



- ❑ Utilizes commonly used devices like smartphones to expand access to services
- ❑ Makes it easy for youth to connect mental health services
- ❑ Promotes connection for isolated adults and older adults
- ❑ Increases language accessibility (Apps can be modified to provide services in clients' preferred language)

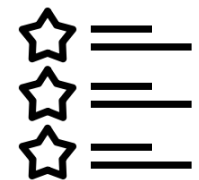
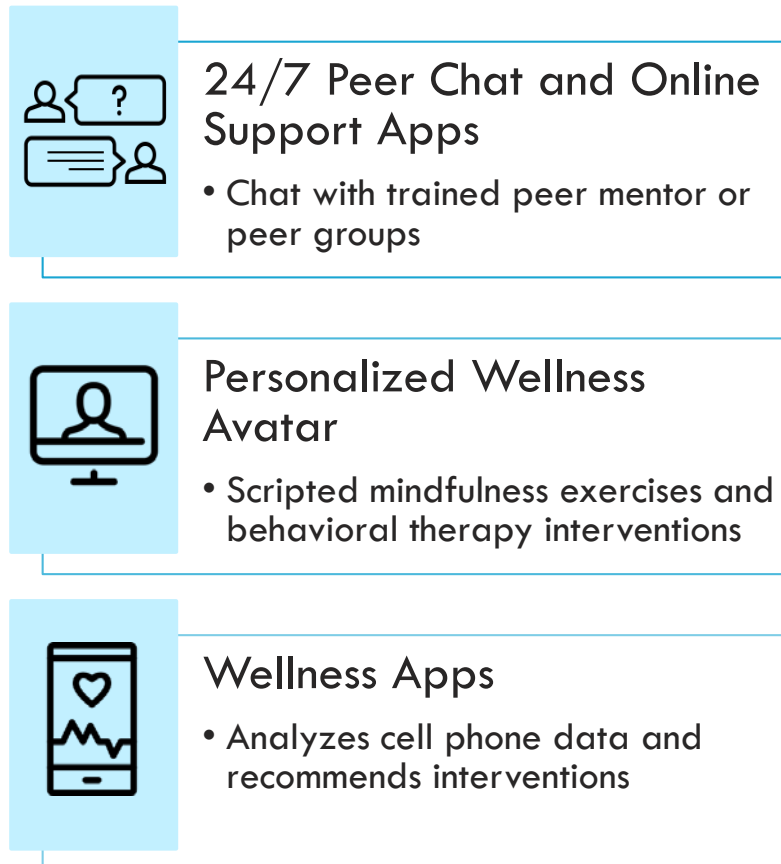
Overview of Tech Suite Components

9

Tech Suite Interventions



Outreach
to connect
people to
tech suite
services



Evaluation
to determine
effectiveness
and adjust
services

24/7 Peer Chat and Online Support

10



Clients or their loved ones can chat with support groups or peers with lived experience, online or via text

How do they work?

- Anyone can join an online chat group with trained peer listeners on topics such as depression or anxiety
- Individuals can chat one-on-one with a peer with similar lived experience
- Family members of people with mental health issues can engage in support groups online

Who can these apps benefit?

- Youth and clients comfortable with text and chat
- Isolated individuals
- Individuals who prefer anonymity or have fear/stigma around seeking support
- Clients with limited access to in-person support groups/peer support

Personalized/Wellness Avatar

11



Clients can sign up to receive reminders to engage in wellness activities such as mindfulness exercises

How do they work?

- ❑ Clients can sign up to receive regular notifications about wellness activities to support their recovery and wellbeing
- ❑ Clients can interact with an online avatar that recommends wellness activities based on how they interact with the app

Who can these apps benefit?

- ❑ Youth and clients comfortable with communicating by text
- ❑ Isolated individuals
- ❑ Individuals who prefer anonymity or have fear/stigma around mental health
- ❑ Clients with limited access to in-person support groups/peer support

Wellness Apps

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Clients can give permission to use their cell phone data to identify changes in behavior that might identify the need for additional support

How do they work?

- ❑ Clients can opt in to allow the app to identify patterns in their text behavior that may indicate changes in mental health
- ❑ The app interacts clients with via text or chat to increase their understanding of their thoughts and feeling states

Who can these apps benefit?

- ❑ Individuals who prefer to interact with virtual technology
- ❑ Isolated individuals
- ❑ Individuals who need ongoing recovery support

Community Input

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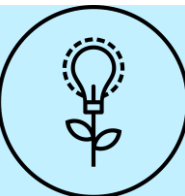
What questions do you have about the Tech Suite components or planning process?



What would you want the County to consider before implementing these innovative interventions?



**What are the needs that these apps can help meet?
What components do you think would be most helpful to you/your community/ the community you serve?**



What do you want to learn from the pilot process?

Next Steps

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April/May

- Gather community feedback and input

May

- Post plan for 30-day public comment period

June

- Mental Health Board public hearing

June

- Board of Supervisors for approval

July

- Submit to MHSOAC for approval

Thank you!

For further information, please contact:

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Innovation Tech Suite Overview

San Mateo County Behavioral Health and Recovery Services (BHRS) is piloting an MHSA Innovation project that brings together technology-based interventions designed to support mental health and wellness, using devices like smartphones. The apps vary by vendor and fall into three categories: peer chat and online support, personalized wellness avatar, and wellness apps.

Tech Suite Components




Tech Suite Component	What is this App?	How does it work?	Why is it helpful?
 Peer Chat and Online Support	Connects clients/consumers and their loved ones with online support groups and/or peers	The Peer Chat & Online support app gives clients/consumers & their loved ones a variety of options for online peer support (e.g. text, chat group)	<ul style="list-style-type: none"> • Expands access for those who prefer to remain anonymous. • Provides services in client/consumers' preferred language. • Promotes connection for youth and isolated adults
 Personalized Wellness Avatar	Links clients/consumers to personalized wellness activities through an avatar	Clients/consumers can choose to receive prompts and reminders to engage in wellness based on their preferences.	<ul style="list-style-type: none"> • Expands access for clients/consumers who have limited access to in-person services, avoid in-person services due to stigma, or prefer anonymity.
 Wellness Apps	Uses cell phone data to provide a safety net of support for someone	Clients/consumers can give permission to an app to use their cell phone data to receive reminders for wellness activities or share selected data with their current provider.	<ul style="list-style-type: none"> • Suggests wellness activities based on data collected. • Alerts mental health providers if a client/consumer needs additional support.



创新技术套件概述

San Mateo 郡行为健康和康复服务 (Behavioral Health and Recovery Services, BHRS) 正在试行一项精神健康服务法 (Mental Health Services Act, MHSA) 创新项目，该项目通过使用智能手机等设备，将旨在支持心理健康和保健的基于技术的干预措施汇集在一起。这些应用程序因供应商而异，可分为三类：同侪聊天和在线支持、个性化健康头像和健康应用程序。

技术套件组成




技术套件组成	此应用程序的功能是？	如何运作？	有何助益？
 同侪聊天和在线支持	将客户/消费者和其亲人与在线支持团队和/或同侪连接起来	同侪聊天和在线支持应用程序为客户/消费者及其亲人提供了多种在线同侪支持选项（例如文本、群聊）	<ul style="list-style-type: none"> 帮助那些更倾向保持匿名的人士扩大获取范围。 以客户/消费者的首选语言提供服务。 促进青年和孤立的成年人的联系
 个性化健康头像	通过头像将客户/消费者与个性化健康活动相连接	客户/消费者可以选择接收提示和提醒，以根据自己的喜好参与健康活动。	<ul style="list-style-type: none"> 针对获取现场服务能力有限的、因受到耻辱而避免进行面对面服务的、或倾向匿名的人士，扩大其访问范围。
 健康应用程序	使用手机数据为某人提供安全支持网络	客户/消费者可以授权应用程序使用其手机数据，以接收健康活动的提醒或与他们的当前提供者共享特定数据。	<ul style="list-style-type: none"> 根据收集的数据提供健康活动建议。 如果客户/消费者需要额外支持，可通知精神健康提供者。



Descripción del paquete tecnológico de innovación

Los Servicios de Salud del Comportamiento y Recuperación del Condado de San Mateo (San Mateo County Behavioral Health and Recovery Services, BHRS) están probando un proyecto piloto de innovación de la Ley de Servicios de Salud Mental (Mental Health Service Act, MHSA) que reúne intervenciones basadas en la tecnología diseñadas para ayudar a la salud mental y el bienestar con el uso de dispositivos como los teléfonos inteligentes. Las aplicaciones varían según el proveedor y se dividen en tres categorías: chat y apoyo en línea con iguales, avatar de bienestar personalizado y aplicaciones de bienestar.

Componentes del paquete tecnológico

Componente del paquete tecnológico	¿Qué es esta aplicación?	¿Cómo funciona?	¿Por qué es útil?
 Chat y apoyo en línea con iguales	Conecta a los clientes o consumidores y a sus seres queridos con grupos de apoyo en línea o con iguales.	La aplicación de chat con iguales y apoyo en línea les brinda a los clientes, consumidores y a sus seres queridos una variedad de opciones de apoyo con iguales en línea (por ejemplo, texto, chat grupal).	<ul style="list-style-type: none">• Aumenta el acceso de aquellos que prefieren permanecer en el anonimato.• Proporciona servicios en el idioma preferido del cliente o consumidor.• Promueve la conexión para los jóvenes y los adultos aislados.
 Avatar de bienestar personalizado	Enlaza a los clientes o consumidores a actividades de bienestar personalizadas a través de un avatar.	Los clientes o consumidores pueden escoger recibir instrucciones y recordatorios para involucrarse en el bienestar de acuerdo con sus preferencias.	<ul style="list-style-type: none">• Incrementa el acceso de los clientes o consumidores que tienen acceso limitado a servicios presenciales, que evitan los servicios presenciales debido al estigma o que prefieren el anonimato.
 Aplicaciones de bienestar	Utilizan los datos del teléfono celular para brindar una red segura de apoyo para alguien.	Los clientes o consumidores pueden dar permiso a una aplicación para que use los datos del teléfono celular para recibir recordatorios de actividades de bienestar o compartir datos seleccionados con su proveedor actual.	<ul style="list-style-type: none">• Sugiere actividades de bienestar con base en los datos recolectados.• Les avisa a los proveedores de salud mental si un cliente o consumidor necesita más ayuda.



Tech Suite Frequently Asked Questions

Peer Chat and Online Support

Will clients/consumers be able to chat with a real person?

Yes, clients/consumers will chat with real people who have lived experience and are trained to listen and provide support through chat.

Are the peers/support group moderators certified?

Depending on the app, the peer listeners and support group moderators are trained and may either be paid or volunteers.

Is it confidential?

Depending on the app and service, clients/consumers may choose to share their name or remain anonymous. Personal information is never shared with the listeners or anyone else.

How much does it cost?

Depending on the app, peer chat and online support groups are free. Some apps offer free peer chat and support groups, but may also offer additional services for a fee.

Are there peers/support groups available in other language?

Depending on the app, some services are available in multiple languages.

Therapy/Wellness Avatar

Will users be able to talk with a real person?

Depending on the app, users will be able to engage with an “avatar” that uses artificial intelligence to gather information about how they’re doing and recommend wellness activities to meet their needs. The avatar will communicate with users in a way that is similar to a real person, but is a program designed to understand information they provide and suggest ways to engage in wellness, such as remembering to take medication or practicing meditation or self-care.

Will the avatar replace a human connection with a real person?

No, these apps are designed to provide users additional support when they need it, not replace other wellness activities like talking with a therapist or other professional.



How will the avatar know whether someone is in a crisis situation or connect them to additional crisis services in the community?

The avatar uses advanced technology that can analyze information they share when they interact with it to determine whether they are experiencing certain challenges or symptoms. The County will work with vendors who can modify apps to provide information about local resources.

Are there apps that provide services in other languages?

Depending on the app, some services are available in multiple languages.

Wellness Apps

How do the apps work?

Depending on the app, users can choose to allow their phone to review data about usage, such as whether they have left their home that day or the words and ideas they type in texts. The app will monitor that data to identify signs that might mean they are not feeling so great. For example, if their phone hasn't left the location of their home in over 24 hours, the app might suggest actions they can take to make sure they connect with their support network such as calling a friend. If their text behavior changes, such as if they start using different words or communicating different ideas than they usually do, the app may prompt them to check in with how they are feeling or remember to take their medication as scheduled. If they choose to do so, some apps may send this information to a provider users know and trust so the provider can check in.

What information will the app collect?

The information varies depending on the app and what options users select. Generally, apps will collect data about their phone usage, such as whether they have left their home or the words and ideas they type in texts.

Who will have access to information my phone collects?

User information will not be shared with anyone unless they choose to share it with a qualified health professional they already know.

Will the app record information about me or listen in on my phone conversations?

No, the app will not record any data users do not want it to and does not allow their phone to record conversations.



Will the government have access to my data?

No, the app will not share any information with anyone unless users want to share it with a qualified health professional they already know.



Appendix 3



Summary of Community Meeting Notes

Customization for Target Populations-Community-wide

- **Crisis.** Apps should be able to connect people to local crisis line and other resources. The County will need to develop a crisis response plan and communicate it clearly to all using the apps. Stakeholders expressed concern that people will only talk to the avatar app and will not connect with crisis services when needed. Some were concerned that law enforcement would be contacted based on certain language or behavior, while others were concerned that law enforcement would not be contacted.
- **Culture, language, and age fit.** Apps should be designed to respond to the needs of specific age groups and culture/ethnic groups. Apps should also be linguistically and culturally appropriate. Representatives from target populations should be included in the process to design the apps and the outreach/training efforts. Multimedia capability such as videos and voice recognition can provide options for people to engage in ways that are most comfortable for them.
- **Model apps for design inspiration.** Apps that people are already using or are designed for certain populations should be the design models for the tech suite (e.g. Wobot, for youth, WeChat for the Chinese community, What's App for Latino community).
- **Integrate with existing services.** Apps should integrate with existing in-person mental health services, 211, and the crisis line to the extent possible.
- **Stigma and design preferences.** Apps should use imagery and language that is upbeat, positive, and age appropriate. Language should focus on "stress," "health," and "wellness." Marketing them to the general public as something other than mental health may be helpful.
- **Data security and liability.** Data security and liability around crisis are a significant concern. The County will need to develop a plan to mitigate liability issues and manage data security. Stakeholders asked for the county to specifically consider/name who gets access to the data collected from users, how it is stored, and who is responsible. Stakeholders suggested that the apps need safeguards to protect consumers from hackers and predators.
- **Training/Certification of Peer Listeners.** Many raised questions about the qualifications, (are peers mandated reporters?) and training of peer listeners and stated a preference that peer listeners be local peer specialists that are familiar with existing resources and are representative of the County's cultural and linguistic diversity. Stakeholders suggested the peer listeners receive training on how to initiate escalation of support if someone is experiencing a crisis.
- **Substance use.** Stakeholders suggested that many mental health consumers who are isolating may be coping/ struggling with substance use issues. These apps should be inclusive of wellness approaches for substance use, and SUD providers can provide input on SUD support in app design.

Youth

- Youth stakeholders and youth advocates suggested the county partner with student/youth-run mental health organizations and advocates to select/design the apps.



San Mateo County Behavioral Health and Recovery Services

Summary Notes from Innovation Tech Suite Community Meetings

- Youth stakeholders and youth advocates suggested that customization for youth include games, puzzles, and mindfulness activities. Specifically, these apps should be less “text heavy” and provide more mechanisms to “swipe” and be interactive with wellness interventions.
- Considerations for apps for youth include implementing Wobot or designing an app similar to Wobot for youth (similar to avatar option) Other apps youth mentioned as potential design models were Calm and Clue.
- Some youth expressed interest in apps that provide capability to anonymously refer friends so the app can contact the referred person.
- Ease of access is important for this population, and youth suggested that a questionnaire could help people find the right service for them.
- Due to the barriers of stigma, youth suggested using language like “overall health, “wellness,” “stress reduction” (esp. related to academic pressure) instead of mental health. Imagery should be positive, upbeat, “lifestyle” focused, and youth-friendly.
- This population needs a range of options for levels of support. Youth expressed discomfort with “serious” mental health support and suggested more that youth would be more open to trying apps they perceived as “low-key” and casual. Some youth were interested in less intensive apps that are useful for one-time stress reduction (such as an app that provides prompt for breathing exercises to navigate through moments of panic or anxiety).

Older Adults

- To avoid stigma, the apps should not use language like “mental health,” but instead, focus on more universal issues that most older adults may face, such as connection, socializing, and loneliness. Apps and outreach materials should emphasize that aging is a universal experience and brings up issues for “all of us.” Older Adults suggested the county connect with Reframing Aging at the Aging Institute for inspiration and guidance.
- Older adults emphasized that ease of access is a priority. Customization for these apps should include large font, video and voice recognition, and simple and straight-forward design.
- Navigation and training on how to use the apps will be needed for this population. This support will need to be available on an ongoing basis, or at least a few times in-person, to be most effective for older adults.
- Commission on Aging and AARP may be able to provide input to help customize the app.

Consumers

- Peer listeners should be able to provide information about existing in-person services in the local area.
- Apps should provide opportunities for online WRAP groups that could bring people together and help reduce stigma. Apps should provide information about in-person peer support events/groups/resources, and provide ongoing support to work towards goals
- Nutrition support info overlaps with mental health. Info about nutrition can be helpful.
- Apps should provide info about SSI and other benefit recertification.



Parents

- Include supportive tips and techniques for parents to respond to and support their children experiencing mental health issues, as well as local resources available. Information about techniques and local resources should be listed by age group.
- The apps may be helpful in supporting parents and helping them engage in self-care during stressful experiences navigating their children's mental health challenges; this may need to be a self-care/support app specifically designed for parents and family members.
- Apps should be able to notify multiple people in case of an emergency (e.g. if someone programs a wellness app to contact a provider, they can also program it to contact their parents to help).
- The apps could potentially be useful for pregnant mothers during and after pregnancy, particularly if they experience post-partum depression.

Monolingual Spanish-speaking community

- For people with limited literacy and/or challenges texting typing, stakeholders suggested having an option to record conversations for example “what’s app” so you can have an entire conversation through a text mechanism, but without texting.
- Stakeholders suggested that because of stigma, it may be challenging to get people to use the apps. Marketing them to the general public as something other than mental health may be helpful and/or marketing app under another name may be helpful (e.g. "YouTube Health")
- Multimedia capability such as videos and voice recognition may provide options for people to engage in ways that are most comfortable for them.
- Apps should be designed in a way that looks visually happy, attractive, fun. There should be happy, attractive people of color featured in any imagery.

Monolingual Chinese-speaking community

- The County will need to expand the capacity of bilingual outreach support.
- Provide information about local resources available in Chinese.
- Consider insurance implications before linking people to services that would not be covered for them.
- Chinese communities are already using WeChat, WhatsApp, and Facebook. These are familiar and good models for design. Stakeholders suggested integration with these apps to make intake from these apps easy for clients.
- Language to use could include “wellness,” “stress,” and “health”.
- Some people might have different perceptions of simplified and traditional Cantonese, so apps may need to be available in both.
- Visual design should emphasize physical health and not point to mental health.



Providers/CSA

- Providers suggested that it wellness teams may benefit from these methods of staying connected and monitoring client status.
- Apps should be able to provide clients info about physical wellness indicators and activities. Consider options to integrate with Fit Bit and programming in wellness activities that include physical wellness.
- Apps should be able to connect people to the 6 core service agencies: food, shelter, health, etc.
- Potential pilot groups may be:
 - TAY, age groups most likely to engage
 - Parents of young children: pre-3
 - Isolated coastal community, especially for Spanish language services using voice recognition

Implementation Considerations Communitywide

- Piloting the apps with a smaller subpopulation will help inform implementation and design that is relevant to people of different languages, ages, and cultures.
- The County will need to protect sensitive information such as immigration status. Some parents are afraid that seeking help for their children will involve CPS. Outreach to parents will need to let parents know that they will be safe using the apps and that CPS will not be notified or involved.
- For isolated people and those who are not engaged in services fully or at all, it will be important to conduct outreach in places they already go to and with people they already interact with:
 - Faith based communities
 - Salons/barber shops
 - Grocery stores
 - Laundromat
 - Libraries
 - Hospitals/Clinics/Primary health care facilities
 - Case workers
 - Law enforcement and first responders
 - Peninsula Family Services
 - 70 Strong
 - One Degree, org who recently launched “Help Me Grow” a supportive/interactive online resource center
 - Incorporate app and/or collocate (peer?) support with existing networks, see “Star Vista”
 - (Early) Head Start
 - One Stop Service Locations Jails
 - Health Plan
 - Community orgs
 - Support team, FAST



San Mateo County Behavioral Health and Recovery Services

Summary Notes from Innovation Tech Suite Community Meetings

- Primary Care Interface Team
- Coastside Clinic, medical clinics, providers
- Families who contact the Office of Consumer & Family Affairs
- Core Service Agency
- Peer organizations such as Heart and Soul, California Clubhouse; peer support workers
- Community health advocates in health system → it may be challenging for them to provide support, but INN funds can support training and outreach
- Total Wellness
- Substance use providers serving co-occurring population
- People who distribute cellphones, they will need to be trained to help people load apps and teach clients how to use them
- The County should develop a sustainability plan to:
 - Prevent the service/app from disappearing on people who are using it after the 3 year implementation period after consumers have begun to use it
 - Keep the service free for clients after the 3-year implementation period

Youth

- Stakeholders suggested partnering with schools and the School District to support implementation, education, and outreach about the apps- This information should clarify privacy and ensure that parents don't have to know youth are using the apps. Demos should emphasize anonymity and privacy features.
- Youth also suggested partnering with student/youth-run mental health organizations and advocates to conduct outreach.
- There is some concern that some youth use their phones instead of connecting to other resources. The County should consider how to ensure that these apps are helpful for youth, without suggesting that apps could replace other services.
- Education and outreach about the apps will be necessary to ensure engagement. Engagement venues can include the list below. These venues and people may also be helpful in training people to use the apps:
 - Youth ambassadors
 - HAP-Y
 - Schools/teachers
 - Local events
 - Libraries
 - WRAP groups
 - Social workers
 - Parenting classes/groups
 - Promotores



Older Adults

- Training and tech support to download and program the apps will need to be available as one-on-one help or a series of small workshops. This support will need to be available on an ongoing basis, or at least a few times per person, to be most effective for older adults.
- Senior Coastsiders are already conducting outreach/meal delivery and could be trained to provide outreach, training, and tech support to older adults.
- Venues for outreach:
 - Veterans Hospitals
 - Home care providers
 - Pharmacists
 - Board and Care facilities
 - Faith-based communities
 - Aging adult service workers
 - NAMI
 - Assisted living facilities
 - Senior housing
 - Friendship Centers
 - Senior Centers
- To engage more isolated older adults, it will be important to go to them. Residence managers and case managers can be a good point of contact for isolated people. Doctors, physicians, courses and other health care providers can also be a point of contact. The apps may be helpful for isolated older adults not going to senior centers. Effective methods for reaching out to those more isolated individuals may include:
 - TV ads
 - Offer to come to people's homes to show them how to use the apps
 - Workshops at drop-in centers
 - Daily Journal ads
 - Flyers in places people go to such as grocery stores, pharmacies
 - Primary and mental health care providers
 - Heart and Soul staff trained to present information about the apps
 - Senior centers
 - OASIS for homebound older adults

Consumers

- Consider utilizing County Peer Specialists to support outreach efforts.
- People who use the apps may be able to share information about the apps with their roommates/others in their residential situation as a successful means of outreach.

Parents

- Outreach venues:



San Mateo County Behavioral Health and Recovery Services

Summary Notes from Innovation Tech Suite Community Meetings

- Parenting social media groups
- Parenting classes and support offered through BHRS

Monolingual Spanish-speaking community

- Community members suggested that the county train the Health Ambassador Program and Health Ambassador Program-Youth on how to use these apps to better reach community members.
- Outreach and engagement should include Promotores and social workers, and other systems in which who should go to schools, events, libraries, WRAP groups, social workers, and community events.

Monolingual Chinese-speaking community

- Star Vista services are currently provided in Chinese. The County should consider linking with existing services.
- Outreach needs to emphasize confidentiality
- Include translators in conversations about the apps to ensure that the concept is accurately translated. [The correct translation for stigma is word that is less strong in connotation than “shame” and is closer to “wrong perception” or “labeling”]
- Outreach partners:
 - Senior center
 - Chinese Health Initiative
 - Radio and TV
 - Churches/faith based communities
 - Doctors in Chinese clinics: Northeast Medical Services and Chinese Hospital, both in Daly City
 - Ensure sufficient time and translation during outreach process. Provide traditional and simplified language options for outreach and apps. Proficient translation is crucial. Make everything available in both Mandarin and Cantonese.
 - Community organizations

Providers

- Apps could increase access by directly connecting people to call center. Need to strengthen crisis line to support demand from apps.
- Health care providers may be able to contribute funding to develop and maintain apps. People could specify their insurance coverage to be able to view options that are covered by their insurance. Explore opportunities to coordinate with other providers beyond Medi-Cal.

Evaluation/Learning Goals from Community

- Does the Tech Suite effectively connect people with mental health services?
- What works best for the priority populations?
- What are clients’ experiences with the apps?
- Who uses the apps (e.g. demographics)?



San Mateo County Behavioral Health and Recovery Services
Summary Notes from Innovation Tech Suite Community Meetings

- What lessons are there from Los Angeles and Kern counties?
- Do the apps help clients regulate their medication/wellness?