

1 [Participation Agreement - California Mental Health Services Authority - Tech Suite Mental
2 Health Services Act Innovation Program - Not to Exceed \$1,197,821]

3 **Resolution authorizing the Director of Health to enter into a participation agreement**
4 **between San Francisco Department of Public Health Behavioral Health Services and**
5 **the California Mental Health Services Authority, for the Tech Suite Mental Health**
6 **Services Act Innovation Program for the development of technology-based mental**
7 **health solutions intended to increase access to mental health support to underserved**
8 **communities, for an amount not to exceed \$1,197,821 for the term of June 1, 2019,**
9 **through June 30, 2022.**

10
11 WHEREAS, The San Francisco Department of Public Health, Behavioral Health
12 Services (DPH BHS) is a member of the California Mental Health Services Authority
13 (CalMHSA), a joint powers authority created to perform administrative and fiscal services on
14 behalf of its members; and

15 WHEREAS, the Mental Health Services Act (MHSA) added Section 5840 to the
16 California Welfare & Institutions Code, providing for, among other things, prevention and early
17 intervention programs; and

18 WHEREAS, CalMHSA has established an MHSA prevention and early intervention
19 Innovation Program, the Tech Suite Innovation Program, intended for the development of
20 technology-based mental health solutions which increase access to mental health support to
21 underserved communities; and

22 WHEAREAS, CalMHSA members may participate in the Tech Suite Innovation
23 Program by entering into a Participation Agreement with CalMHSA, for an initial term of three
24 years with an option to extend to a maximum of five years, with approval by the Mental Health
25 Services Oversight and Accountability Commission (MHSOAC); and

1 WHEREAS, DPH has obtained approval from the MHSOAC, which reviews and
2 approves county Innovations Programs, for DPH BHS to participate in the Innovation
3 Program, which will fully fund the City's funding obligation; and

4 WHEREAS, DPH BHS will utilize MHSA funds to fulfill its funding obligation for this
5 agreement; and

6 WHEREAS, CalMHSA will provide overall administrative oversight and contract
7 procurement for the Tech Suite Innovation Program; and

8 WHEREAS, DPH intends to participate in the following Tech Suite Innovation
9 Program Suite components: Virtual Peer Chat, Virtual Evidence Based Therapy, Community
10 Engagement and Outreach, and Outcomes Evaluation; and


11 WHEREAS, DPH's funding obligation for the initial three-year term is \$1,197,821,
12 which will be transferred to CalMHSA annually as follows: Year One, \$589,572; Year Two,
13 \$304,125; and Year Three, \$304,124, as detailed in the Participation Agreement; and

14 WHEREAS, DPH may withdraw from the Tech Suite Innovation Program upon six
15 months' written notice, including reimbursement to DPH of unused Program funds; now,
16 therefore, be it

17 RESOLVED, That Board of Supervisors authorizes DPH BHS's participation in the
18 CalMHSA Tech Suite Innovation Program for a three-year term, with an option to extend to a
19 maximum of five years, and a total amount not to exceed \$1,197,821; and be it

20 FURTHER RESOLVED, That the Director of Health is authorized to sign the CalMHSA
21 Participation Agreement, in consultation with the City Attorney, on behalf of the City and
22 County of San Francisco.

23 RECOMMENDED:

24 

25 Dr. Grant Colfax, Director of Health

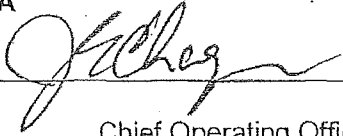
**PARTICIPATION AGREEMENT FOR THE MENTAL HEALTH SERVICES ACT
INNOVATION PROGRAM**

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY – COUNTY OF SAN FRANCISCO

1. **THIS PARTICIPATION AGREEMENT** is entered into on _____ by and between the California Mental Health Services Authority (“CalMHSA”) and the County of SAN FRANCISCO, a political subdivision of the State of California, through its SAN FRANCISCO County Behavioral Health Department (“Participant”) for participation in the Mental Health Services Authority Innovation Program (“Program”).
2. CalMHSA and Participant acknowledge that the Program will be governed by CalMHSA's Joint Powers Agreement and its Bylaws, and by this Participation Agreement. The following exhibits are intended to clarify how the provisions of those documents will be applied to this Program.
 - Exhibit A Program Description
 - Exhibit B General Terms and Conditions
 - Exhibit C County-Specific Scope and Funding
3. The term of the Program is **Oct 1, 2018 through Sept 30, 2021**.

4. Authorized Signatures: [Signature block(s) may be added or deleted as deemed appropriate]

CalMHSA

Signed:  Name (Printed): John E. Chaquica, CPA, MBA, ARM
Title: Chief Operating Officer Date: 2/15/19

Participant: County of San Francisco

Signed: _____ Name (Printed): _____
Title: Chair of the Board of Supervisors (if applicable) Date: _____

San Francisco County Behavioral Health Services

Signed: _____ Name (Printed): _____
Title: Director Date: _____

**APPROVED AS TO FORM:
Dennis J. Herrera, City Attorney**

Signed: _____ Name (Printed): _____
Title: Deputy City Attorney Date: _____

EXHIBIT A

PROGRAM DESCRIPTION

- I. **Name of Program** – Mental Health Services Act Innovation Program
- II. **Program Overview**

CalMHSA will assist participating counties to act jointly or in coordination to introduce new mental health practices, make changes to existing practices in the mental health field, or apply promising community-driven practices that have been successful in other fields. These efforts will be directed to increasing access to mental health services by underserved populations and the overall population, increasing quality of services, or promoting collaboration among agencies and communities.

EXHIBIT B

GENERAL TERMS AND CONDITIONS

I. Definitions

The following words, as used throughout this Participation Agreement, shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

- A. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association to jointly develop and fund mental health services and education programs.
- B. Mental Health Services Division (MHSD) – The Division of the California Department of Health Care Services responsible for mental health functions.
- C. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- D. Mental Health Services Act (MHSA) – A law initially known as Proposition 63 in the November 2004 election that added sections to the Welfare and Institutions Code providing for, among other things, PEI Programs.
- E. Participant – Any County participating in the Program either as Member of CalMHSA or under a Memorandum of Understanding with CalMHSA.
- F. Program – The program identified in Exhibit A.

II. Responsibilities

- A. Responsibilities of CalMHSA:
 - 1. Act as fiscal and administrative agent for Program.
 - 2. Manage funds received consistent with the requirements of any applicable laws, regulations, guidelines, and/or contractual obligations.
 - 3. Provide regular fiscal reports to Participant and/or other public agencies with a right to such reports.
 - 4. Submit plans, updates, and/or work plans for review and approval by Participant representative.
 - 5. Comply with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
 - 1. Transfer funds for the Program as specified in Exhibit C at the beginning of each fiscal year identified in Exhibit C, County-Specific Scope and Funding.
 - 2. Identify a representative authorized to act for Participant and receive notices on behalf of Participant with regard to the Program.

3. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
4. Provide feedback on Program performance.
5. Comply with applicable laws, regulations, guidelines, contractual agreements, JPAs, and bylaws.

III. Duration, Term, and Amendment

- A. The intention of the Program is to continue as long as Participant and other participants wish to act together to conduct Innovation projects. However, the obligation of Participant to pay funds is limited to the periods and amounts stated in Exhibit C, County-Specific Scope and Funding.
- B. This Agreement may be supplemented, amended, or modified only by the mutual agreement of CalMHSA and Participant, expressed in writing and signed by authorized representatives of both parties.
- C. Participant may withdraw from the Program and terminate the Participation Agreement upon six (6) months' written notice. Notice shall be deemed served on the date of mailing.

IV. Withdrawal, Cancellation, and Termination

- A. Upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed shall be returned to Participant. Unused funds paid for a joint effort will be returned pro rata to Participant in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed on particular participant. Excess funds at the conclusion of county-specific efforts will be returned to the particular county that paid them.

VI. Fiscal Provisions

- A. Funding required from Participant will not exceed the amount stated in Exhibit C, "County-Specific Scope and Funding," attached hereto.
- B. CalMHSA shall invoice Participant on an annual basis in accordance with the amounts stated in Exhibit C. Each invoice must be signed by a designated official for the Program.
- C. Participant shall remit payment to CalMHSA within thirty (30) days of July 1, 2018.

V. Mutual Indemnification

To the fullest extent permitted by law, each party shall hold harmless, defend and indemnify the other party, including its governing board, employees and agents from and against any and all claims, losses, damages, liabilities, disallowances, recoupments, and expenses, including but not limited to reasonable attorneys' fees, arising out of or resulting from other's negligence in the performance of its obligations under this Agreement, including the performance of the other's subcontractors, except that each party shall have no obligation to indemnify the other for damages to the extent resulting from the negligence or willful misconduct of any indemnitee. Each party may participate in the defense of any such claim without relieving the other of any obligation hereunder.

EXHIBIT C

COUNTY-SPECIFIC SCOPE AND FUNDING

MHSA Innovation 3 Project – Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

CalMHSA will be contracted to provide overall administrative oversight and contract procurement for a multi-county collaborative innovative program to be active for three years (FY 2018/19 – 2020/21). Procurement will include contract agreements with existing private sector companies providing a variety of technology-based mental health services and supports. Additionally, these services will include a mechanism for access and linkage to traditional behavioral health care within the San Francisco County system.

The goal of the innovative component program is to determine whether utilization of a suite of technology-based mental health services and supports through multiple platforms, including mobile devices and computers, provides a greater opportunity for potential new and existing clients to receive necessary supportive services and/or care. Participating counties will have the opportunity to choose all or portions of the suite as their innovative program San Francisco County will be taking part in the following suite component(s):

- Virtual Peer Chat
- Virtual Evidence Based Therapy
- Digital Phenotyping using Passive Data
- Community Engagement and Outreach
- Outcomes Evaluation

The goal of the program is to provide greater access and linkage to technology-based and traditional mental health care and supportive services and better determine mental health care needs through use of technology-based services not previously utilized in the public mental health system. The intended outcomes of providing these supports and services are as follows:

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

Specific outcomes that we may measure include:

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

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

1. To what extent are the local efforts effective in connecting Transition Age Youth (TAY) to the technology applications?
2. To what extent are the local efforts effective in connecting isolated transgender individuals to the technology applications?
3. What percent of TAY and isolated transgender individuals feel satisfied with the engagement and outreach strategies?

This will be a three-year project.

Innovation Primary Purpose

Overall, the primary purpose of this innovative project is to increase access to mental health support to underserved communities.

This innovative program anticipates increasing access to unserved and underserved populations actively utilizing or who have ability to utilize technology-based services. These potential clients may not be able to seek traditional care due to fear, stigma or physical limitations. This program will serve to reduce stigma associated with mental health care using virtual innovative engagement strategies including social media and care pathways.

Target Population

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

Technology-Based Mental Health Solutions

The components of this innovative project are as follows:

- Technology Investment:
 - Virtual Evidence-Based Therapy: Utilizing an Avatar
 - Peer Chat: Using Technology-Based Mental Health Solutions to Intervene and Offer Support
- Community Engagement and Outreach: Engaging Users and Promoting Use of Technology-Based Mental Health Solutions
- Outcome Evaluation

Budget

Collaborative Expenses	Year One	Year Two	Year Three	Innovation Total
CalMHSA Overhead (5%)	\$ 37,883	\$ 37,883	\$ 37,883	\$ 113,650
CalMHSA Project Management (5%)	\$ 37,883	\$ 37,883	\$ 37,883	\$ 113,650
7 Cups: Apps				
Start-Up Fee	\$ 57,089	\$ -	\$ -	\$ 57,089
Development Fund	95,149	-	-	95,149
Licensure/Annual Fees	133,209	133,209	133,209	399,626
Local Customization				-
7 Cups - Apps Subtotal	\$ 285,447	\$ 133,209	\$ 133,209	\$ 551,865
7 Cups: Paid Peers				
Start-Up Fee		\$ -	\$ -	\$ -
Development Fund	-	-	-	-
Licensure/Annual Fees				-
Local Customization				-
7 Cups - Paid Peers Subtotal	\$ -	\$ -	\$ -	\$ -
Collaborative Evaluation				
Start-Up Fee	\$ 133,209	\$ -	\$ -	\$ 133,209
Development Fund	-	-	-	-
Licensure/Annual Fees		57,089	57,089	114,179
Local Customization		-	-	-
Evaluator Subtotal	\$ 133,209	\$ 57,089	\$ 57,089	\$ 247,388
Collaborative Outreach & Marketing				
Start-Up Fee	\$ 38,060	\$ -	\$ -	\$ 38,060
Development Fund	57,089	-	-	57,089
Licensure/Annual Fees		38,060	38,060	76,119
Outreach & Marketing Subtotal	\$ 95,149	\$ 38,060	\$ 38,060	\$ 171,268
Collaborative Subtotals				
Start-Up Fee	\$ 228,358	\$ -	\$ -	\$ 228,358
Development Fund	152,239	-	-	152,239
Licensure/Annual Fees	133,209	228,358	228,358	589,924
Local Fees				-
Vendor Subtotals	\$ 513,805	\$ 228,358	\$ 228,358	\$ 970,521
TOTAL COLLABORATIVE EXPENSES	\$ 589,572	\$ 304,125	\$ 304,124	\$ 1,197,821



Mental Health Services
Oversight & Accountability Commission



STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

JOHN BOYD, PsyD
Chair

KHATERA ASLAMI-TAMPLEN,
Vice Chair

TOBY EWING
Executive Director

October 8, 2018

Mr. Kavoos Ghane Bassiri, LMFT, LPCC, CGP
Behavioral Health Director-San Francisco County
1380 Howard Street, 5th Floor
San Francisco, CA 94103

Dear Mr. Ghane Bassiri,

Congratulations, the Commission has approved the Technology Suite Collaborative Innovation Plan on September 27, 2018 in the amount of \$2,273,000 for three (3) years.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoc.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations.

Copy: Imo Momoh, Director, MHSA



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Innovations Learning Project Proposal: Technology-Assisted Mental Health Solutions



San Francisco mural in response to residents being asked about local health issues.

San Francisco Mental Health Services Act



Table of Contents

Local Review	2
Project Introduction / Background	2
Community Planning Process	2
Primary Problem and Need	4
Review of Existing Practices and Evidence-Based Models	7
Proposed Project / Response to Community Need	7
Project Components	12
Contribution to Learning	13
Statewide Evaluation / Learning Plan	14
Local Evaluation / Learning Plan	15
Project Evaluation, Cultural Competency and Meaningful Stakeholder Involvement	18
MHSA General Standards	18
Plan After Innovations Learning Project Ends	19
Continuity of Care for Individuals with Serious Mental Illness	19
Communication and Dissemination Plan	19
Timeline	20
Budget Narrative	21
Innovations Budget	22



Local Review

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

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

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

Project Introduction / Background

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

Community Planning Process

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



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

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

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



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

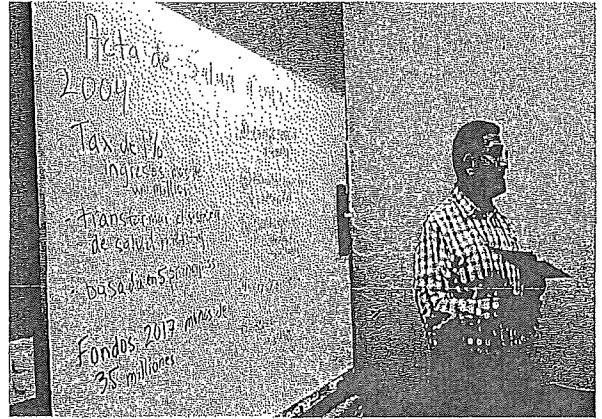
Primary Problem and Need

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



Community Need

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



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

Transition Age Youth (TAY) Community Feedback

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

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

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



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

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

Client Council Feedback

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

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

Transgender Community Feedback

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

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

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



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

Review of Existing Practices and Evidenced-Based Models

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

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

Proposed Project/Response to Community Need

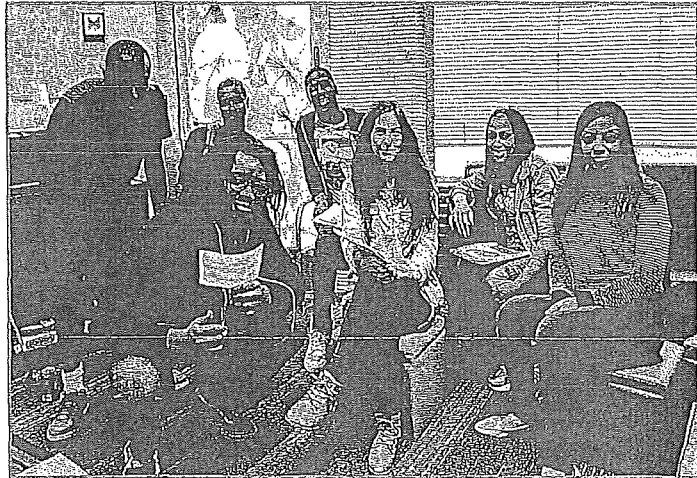
The primary purpose of this Innovations Project is to utilize a new approach to overall public mental health service delivery in order to **use technology to increase access to mental health care and support for all individuals in San Francisco with a focus on transition age youth (TAY) ages 16-24 and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

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

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



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



SF-MHSA Transitional Age Youth CPP activity

Statewide Collaborative Effort

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

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

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



by 7 Cups, all statewide evaluation efforts and outreach and marketing materials. CalMHSA will utilize a work order with the vendors, therefore, the City and County of San Francisco will not directly contract with the vendors.

Increased Accessibility

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

Confidentiality

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

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

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

In addition, the City and County of San Francisco will be signing a Due Diligence packet that includes:

- Privacy & Security Guiding Principles



San Francisco
Health Network



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

- Business Associate Agreement, in accordance with HIPAA guidelines
- Information Security and Privacy Requirements
- Privacy Policy

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

Peer Roles

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

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

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

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

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

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



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Partnership with 7 Cups

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

Innovative Component

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

Language Capacity

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

San Francisco Partnerships

SF-MHSA will also partner with several local and county programs to best implement this project. We envision collaborating with the following organizations/programs:

- The Senior Drop-In Center
- The Peer Wellness Center
- The Transition Age Youth System of Care programs
- Gender Health SF (formerly known as Transgender Health Services)
- Transgender Pilot Program
- Multiple other behavioral health and community programs

Local Engagement Strategies

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



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

Project Components

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

1. Peer-to-Peer Chat Interventions

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

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

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

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

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

- Wellness Recovery Action Plan (WRAP)



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

2. Virtual Evidence-Based Support Utilizing an Avatar

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

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

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

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

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

Contribution to Learning

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

Key Learning Questions

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



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

Statewide Evaluation / Learning Plan

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

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

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

- Developmental: plan for successful uptake of an intervention by clearly defining the problem and understanding its context, designing or adapting an intervention to address a problem and utilizing an implementation framework to anticipate negative unintended consequences, and understanding the organizational context (i.e. readiness) and stakeholder perspectives on a planned intervention;
- Implementation: help ensure a project is successfully implemented by monitoring key indicators, work with stakeholders to pivot/change/adapt as need arises to respond to both internal and external factors;
- Interpretation: create generalizable knowledge for how to successfully implement intervention in other settings.

Tech Suite Outcomes to be Evaluated

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

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



- Increasing community engagement and target population(s) reach

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

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

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

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

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

Local Evaluation / Learning Plan

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



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

1. To what extent is this effort effective in connecting TAY in the 7 Cups app?
2. To what extent is this effort effective in connecting isolated transgender individuals to the 7 Cups app?
3. What percent of unserved and underserved TAY and isolated transgender individuals initiate in-person counseling with a peer as a result of outreach?

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

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

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



Peer Specialists with the Transgender Pilot Project

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



Logic Model for MHA Innovations Technology Suite - Local San Francisco Component.

<p>Identified Concern: [be more specific] Many subpopulations in San Francisco have a great need for an array of behavioral health (BH) services that are more sensitive and responsive to their lived experiences. <i>[These subpopulations include: Transition age youth (TAY), socially isolated transgender adults, LGBTQI2-S, low income individuals, and/or residents of subsidized housing in high poverty areas, such as: Tenderloin, Mission, Bayview/Hunter's Point, Excelsior, Chinatown, Visitacion Valley and South of Market (SoMa)]</i></p>	<p>Contributing Risk Factors: Poverty, personal history of trauma, substance use, low inventory of stable affordable housing, prevalence of street drugs and alcohol, immigrant status, disability, LGBTQI2-S identity, seniors, etc., as well as providers not applying MHA Principles or Trauma Informed Systems training.</p>	<p>Goals: For clients to live more fulfilling lives in which they have coping skills to handle the vicissitudes of life, even having experiences severe trauma. For clients to find meaningful connections and activities that support their ongoing recovery.</p>
---	--	--

Resources	Strategies/ Activities	Expected Outcomes			Suggested Measurements
		Short Term Outputs	Intermediate	Long Term	
1) MHA funding, dedicated community nonprofits, sites for outreach events 2) 3.0 FTE peer professional staff at BHS, 3) MHA Principles and practices, 4) Collaborative opportunity with an established web-based mental health support organization, "7 Cups" 5) Established history engaging with the SF socially isolated transgender population(s) and transitional age youth (TAY), 16-24 yr old 6) Community partnerships, 7) Consumer resiliency and desire to live a more fulfilling life.	<ul style="list-style-type: none"> ◇ Peer led outreach workshops in community based settings in SF ◇ Engagement/training with 7cups.com technology ◇ Peer linkage to BH services ◇ Linkage to peer counseling, in person ◇ Peer Counseling, on chat platform (by local peers) 	<ul style="list-style-type: none"> ◇ Peer staff knowledge and familiarity with 7cups.com ◇ Increase number of outreach events to TAY and socially isolated transgender groups ◇ Increase number of attendees at outreach events ◇ Increase TAY and Socially Isolated Transgender population awareness of the 7cups application for peer based supportive services ◇ Increase TAY and Socially Isolated Transgender awareness of population specific behavioral health services available in SF ◇ Increase in-person peer to consumer counseling encounters/sessions 	<ul style="list-style-type: none"> ◇ Increase consumer access to and engagement in behavioral health services ◇ Reduce risk behaviors* 	<ul style="list-style-type: none"> ◇ Increase consumers' mental health and wellness (QOL)* ◇ Increase consumers' social connectedness* ◇ Increase consumers' engagement in meaning activity (-ies)* ◇ Reduction in mental health symptoms* <p><i>* The statewide evaluation efforts will integrate the collection of specific data points embedded in the technology to measure these outcomes.</i></p>	<p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ◇ Consumer and family feedback (satisfaction, challenges) ◇ Penetration/Engagement survey ◇ Outreach event log for each population ◇ Sign-in sheets for outreach events

566



Project Evaluation, Cultural Competence and Meaningful Stakeholder Involvement

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

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

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



CPP Meeting at Sunset Mental Health Program.

MHSA General Standards

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

a) Community Collaboration

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

b) Cultural Competency

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

c) Client-Driven/ Family-Driven

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



d) Wellness, Recovery, and Resilience-Focused

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

e) Integrated Service Experience for Clients and Families

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

Plan after the Innovations Learning Project Ends

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

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

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

Continuity of Care for Individuals with Serious Mental Illness

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

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

Communication and Dissemination Plan

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



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

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

Timeline

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

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

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

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

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

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

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



Budget Narrative

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

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

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

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

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

Leveraged Funding

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

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



Innovations Budget

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



San Francisco
Health Network



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

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



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

May 3, 2019

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B Goodlett Place, Room 244
San Francisco, CA 94102-4689

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2019 MAY -6 AM 9:21
BY [Signature]

Dear Ms. Calvillo:

Please find attached one original and two single-sided, black and white copies of a proposed resolution for Board of Supervisors approval authorizing the Director of Health to enter into a Participation Agreement between the Department of Public Health, Behavioral Health Services (DPH BHS) and the California Mental Health Services Authority (CalMHSA) for the Tech Suite Mental Health Services Act (MHSA) Innovation Program for the development of technology-based mental health solutions intended to increase access to mental health support to underserved communities; not to exceed \$1,197,821, for the term of June 1, 2019, through June 30, 2022.

The Mental Health Services Act (MHSA) was passed in 2004 through a ballot initiative (Proposition 63) and provides funding to support new and expanded county mental health programs. By regulation, a portion of this funding must be spent on Innovation programming. To fulfill this requirement, DPH-BHS developed the Technology Assisted Mental Health Solutions Innovations Project, which was developed with stakeholder input, posted for 30-day public comment, and heard at a public hearing of the San Francisco Mental Health Board, as required by the State to access MHSA funding.

CalMHSA has established an MHSA prevention and early intervention Innovation Program ("Tech Suite Innovation Program") intended for the development of technology-based mental health solutions to increase access to mental health support to underserved communities. The Mental Health Services Oversight and Accountability Commission (MSHOAC), which reviews and approves county Innovations Programs, approved DPH-BHS's Innovation Program and participation in the Tech Suite Innovation Program on September 27, 2018.

CalMHSA will provide overall administrative oversight and contract procurement for the Tech Suite Innovation Program. The proposed resolution would approve DPH BHS's participation in the program and the transfer of funds to CalMHSA for project administration.

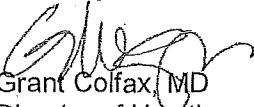
The following is a list of accompanying documents:

- MHSOAC Commission approval letter for the Technology Suite Collaboration Plan (the title of the multi-county plan including San Francisco's proposal).
- Innovations Learning Project Proposal: Technology Assisted Mental Health Solutions
- Participation Agreement for the Mental Health Services Act Innovation Program

Angela Calvillo, Clerk of the Board
Board of Supervisors
May 3, 2019
Page 2 of 2

Should you have any questions, please contact Juan Ibarra, Acting Director of Mental Health Service Act programs. Mr. Ibarra can be reached at (415)255-3693 or by email at juan.ibarra@sfdph.org.

Sincerely,


Grant Colfax, MD
Director of Health

For