Agenda

1. MHSA Background
2. Assembly Bill 114
3. Community Program Planning
4. AB 114 Reversion Plans
5. INN – Plan, Technology Interventions and Demos
6. Announcements/Public Comment
MHSA – Prop 63
Transforming our behavioral health care system

Primary MHSA Programs FY 16/17

- Community Service and Supports (CSS): $22.4M
  CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance.

- Prevention and Early Intervention (PEI): $6M
  PEI targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders.

- Innovations (INN): $1.5M
  INN funds projects to introduce new approaches or community-driven best practices that have not been proven to be effective.

$29.9M Total

MHSA imposes a 1% tax on personal income in excess of $1 million.

Assembly Bill (AB) 114

• State Audit
  - Unspent, reserves/trust (excess reserve), subject to reversion

• AB 114
  - Reallocated amounts subject to reversion
  - Allowing counties to submit a plan to spend reallocated funds by June 30, 2020
  - Must be spent in same component
  - For INN three-year clock will begin upon approval of project plans
  - Reversion guidelines expected this month
San Mateo County Impact

• Reversion risk
  o INN - No ongoing projects, need consistent 3-year cycle of stakeholder engagement and approved projects
• DHCS Info Notice 17-059
  o INN – reversion reported at $2.8M+ ... closer to $3.8M+
• San Mateo County submitting plans in 3 components
  o Innovation (INN) component: $3,872,166*
  o Prevention & Early Intervention (PEI) component: $600,000
  o Workforce Education & Training (WET) component: $423,332*
Community Program Planning (CPP)

- CPP required for all plans
- For PEI and WET can tap into recent processes
  - PEI 0-25 Taskforce Recommendations
  - WET 10-Year Impact and Sustainability
- For INN we were able to prioritize it because of CPP but required more input
PEI 0-25 Taskforce

• **Recommendation: 3 areas prioritized for funding**
  - Mobile Youth Crisis Support and Prevention – ready to go
  - Children 0-5 and Juvenile Justice involved youth – pending funds availability and key stakeholder processes outside of MHSA

• **AB 114 Plan**
  - Mobile Youth Crisis Support and Prevention start up and suicide prevention infrastructure - $450,000
  - Trauma-informed system of care for children 0-5 - $150,000
WET 10-Year Impact & Sustainability

- **Recommendation: 4 areas**
  - Staffing ($233,332)
  - Training for System Transformation ($100,000)
  - Training by/for Consumers and Family Members ($55,000)
  - Behavioral Career Pathways ($35,000)

- **AB 114 Plan**
  - Continue current WET Plan and begin implementation of targeted recommendations
Innovation

• **MHSA Three-Year Planning Process**
  - Un-met Need: Technology to reach isolated older adults, monolingual communities and transition age youth in crisis
  - Opportunity: County Behavioral Health Technology Collaborative

• **AB 114 Plan**
  - Pilot technology-based interventions that support behavioral health and wellness
    - Increase access to care
    - Promote early detection of behavioral health symptoms
    - Predict onset of mental illness
MHSA Innovation Process Timeline – New Projects

Feb 2018
• MHSA Steering Committee meeting to propose use of INN reversion funds for the County Behavioral Health Technology Collaborative

Apr/May 2018
• Present Technology Suite to diverse groups for input
• Incorporate input into a proposal/plan for San Mateo County including budget

May/Jun 2018
• Present to MHSARC for opening of a 30-day Public Comment

Jul 2018
• Submit to BoS for approval - consent only agenda

Aug/Sep 2018
• Submit and present to MHSOAC for approval
Budget Breakdown

Local Programming
$1,046,500

Core Technology
$992,578*

Future Technology
$1,465,591*

Statewide Marketing & Evaluation
$367,498

Local Programming
• Keep at the County
• Fund strategies needed to support culturally responsive implementation
• Training of staff and peer workers
• Peer/family support specialists
• Agencies/outreach workers serving monolingual Spanish and Chinese communities
• Local marketing efforts and materials
Implementation

• Tech Suite Advisory Committee
  o Customize apps to respond to specific San Mateo County priorities and needs
  o Develop outreach strategy – access points
  o Evaluation – local learnings
  o Local marketing – identify contractor

• Identify/contract peer/family specialists
  o Conduct training of BHRS staff and community providers
  o Outreach and support

  Target #: 7, 700 (1% of population)
  Age-specific populations
  Language-specific populations
  BHRS clients
Learning Goals

- **Learning Goal 1:** Does the availability and implementation of technology-based mental health apps 1) provide access and 2) promote engagement in wellness and recovery activities and/or 3) mental health services for the four priority populations?

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

For more information: smchealth.org/MHSA
Doris Estremera, MHSA Manager
(650) 573-2889 or mhsa@smcgov.org
SAN MATEO COUNTY
INNOVATION PLAN TECH SUITE

INN Plan Development
May 2018
Introductions

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

**Check-in:** Please share your name, role, and something you are curious about regarding the Tech Suite.
Agenda

- Introductions and Background
- Overview of the Tech Suite
- Demos and Community Input
- BHRS Work Session
- Next Steps
Current Status

Need Identified
San Mateo County’s 2014 MHSA Plan identified need for tech innovations for youth in crisis and isolated adults and older adults

Opportunity
Los Angeles and Kern Counties formed the County Behavioral Health Technology Collaborative to bring technology-based solutions to behavioral health

San Mateo County Opt In
San Mateo County opted-in to the Collaborative

Community Input (Today!)
San Mateo solicits community input to help shape the technology suite

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 Benefits

- Large scale impact
- Provide expanded and increased access
- Alleviate fear and stigma around access
- Detect and prevent serious mental illness
- Support ongoing recovery
- Connect people to mental health services

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

- **Outreach to connect people to tech suite services**
- **24/7 Online Peer Chat and Support Apps**
  - Chat with trained peer mentor or peer groups
- **Personalized Wellness Coach**
  - Mindfulness exercises and behavioral therapy interventions with a friendly AI interface customized to each consumer
- **Wellness Apps**
  - Analyzes cell phone data and recommends interventions

**Evaluation to determine effectiveness and adjust services**
24/7 Online Peer Chat and Support Groups

**Benefits**

- Peer chat can help isolated older adults connect with services.
- Peer chat is an opportunity for support/self-care resources for family members.

**Questions/Considerations**

- How will the County ensure peer listeners/support group facilitators are providing good support?
- How will peer chat integrate with in-person services and resources?
- What is the liability/and or plan for when someone is experiencing a crisis?
- How will the county tailor and design the app interfaces to specific age groups and cultures?
Personalized Wellness Coach

Benefits

- Wellness coaches can support clients who are currently in recovery, but could benefit from less intensive ongoing support.
- Wellness coaches may help clients who prefer not to speak to a person due to stigma or other barriers.

Questions/Considerations

- How will the app alert a “real person” when someone is experiencing a crisis?
- The county will need to specify roles/responsibilities of providers.
Wellness App

Benefits

- Providers can leverage WRAP work with clients.
- Can promote early detection of symptoms.
- Can provide support/insight between appointments.
- Supports medicine management.

Questions/Considerations

- How will the app alert a “real person” when someone is experiencing a crisis?
- The county will need to specify roles/responsibilities of providers.
7th Cup Demo
Biomarkers

Cognitive Control
- Working Memory
- Verbal Fluency
- Processing Speed
- Positive Valence
- Negative Valence

Cognitive Control
Cognitive control is the ability to control one’s thoughts and actions. The cognitive control allows you to override impulses to make decisions based on goals, rather than habits or impulses.

When you have good cognitive control you can stop yourself doing things you probably shouldn’t do. You’re hungry. There’s a sandwich on your roommate’s desk, but you don’t eat it.

It can help you search for things or focus on specific items in a busy environment.

You’re standing at a train station, looking for a friend wearing a red coat. You only look at the faces of people wearing red.
Kelly Jones

Discharge from inpatient treatment program

KELLY JONES

21 year old
College student

Major depressive disorder & substance abuse
Recent inpatient stay for suicide attempt
Mindstrong Activation
On Discharge

She is introduced to her case worker, shown her biomarker chart and sets up her crisis response preferences.

She downloads and activates the Health App, synchronizing it with her caseworker’s Care App.
Kelly Is Stable
Two Weeks Post Discharge

At home Kelly continues on the medications she started as an inpatient.

The case manager keeps an eye on her risk index and biomarker panel, both of which remain stable.
**Kelly Relapses**
Four Weeks Post Discharge

Kelly stops taking her antidepressants and starts to use drugs again.

Mindstrong detects the change in her biomarkers and Mindstrong AI reaches out.

Kelly confides she is feeling very depressed, the AI suggests she speak to her case worker.
Crisis Response
Find Kelly
With help from her peer support network

Mindstrong AI and psychiatrist keep her engaged in conversation.

The team help her to the community clinic where she is seen by her psychiatrist and a treatment plan is made.
**Kelly Recovers**

She re-starts medication and returns to college

*After the intervention, Kelly starts on a new drug and her biomarkers stabilize.*

*She is able to resume her studies.*
Community Input

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

April/May
- Gather community feedback and input

May
- Post plan for 30-day public comment period

June
- Mental Health Board public hearing

June/July
- Board of Supervisors for approval

July/Aug
- Submit to MHSOAC for approval
Thank you!

For further information, please contact:

Kelechi Ubozoh, Senior Associate
kubozoh@resourcedevelopment.net