MHSA Innovative Collaboration Project - Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Primary Problem

Modoc County is a small, remote county in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. According to 2016 U.S. Census Bureau estimates, the population in Modoc County is believed to be 8,795, compared to a 2010 Census of 9,686, indicating that the population in Modoc county has decreased by 9.2%, continuing a downward trend from the loss of 7.4% in 2015. This stands in contrast to a population increase of 5.4% in California according to U.S. Census estimates in 2016 and 5.1% in 2015. (www.census.gov/quickfacts/table/PST045215/06049,06) Modoc County has only one incorporated city, Alturas, the County Seat, with a population of just over 2,600 people (https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF). Major metropolitan areas are outside the county, or outside the state, 150-180 miles away. There are a number of small, rural communities located in the county. East of the Warner Mountains are Cedarville, Eagleville, and Fort Bidwell; in the northern part of the county are Davis Creek and New Pine Creek; to the west and northwest are Day, Canby, Newell/Tulelake, and Adin; and in the south, is Likely. The population of these unincorporated community's ranges from 800 to less than 60.

Historically, the local economy has been based on agriculture and forestry, with some recreation. There has been a major decline in forestry jobs over the last fifteen years and some decline in agriculture. Like other Northern California counties, individuals aged 30-39 in particular have migrated out of the area, pulled by academic and employment opportunities elsewhere. The unemployment rate in Modoc County in March 2017 was 9.7% compared to the unemployment rate for California of 5.1% (http://www.labormarketinfo.edd.ca.gov/file/lfmonth/countyur-400c.pdf). Modoc's unemployment rate has been consistently higher than the state's rate since 1990.

Modoc County has one of the lowest median incomes of households in the state at $37,860 in 2015, compared to $61,818 in California the same year. The county has a high percentage of population living under the poverty level (20.3%, standing above the statewide average of 15.3%) with a density of 2.5 people per mile (www.census.gov/quickfacts/table/PST045215/06049,06). More than 50% of students are receiving free or reduced lunches (Source: www.cde.ca.gov). The County Health Rankings & Roadmaps for 2016 identifies 31% of children living in poverty in Modoc County as compared to 23% in California.

Approximately 4% of the county population is under 5 years of age; 18% is ages 6-19; and 55% is ages 20-64. **Nearly 23% of the county population is 65 years of age or older; that percentage is more than double the statewide older adult population of 11.4%.** Unemployment has caused many working age adults and families to leave the county while a higher than average number of older adults presents special challenges.

As a part of their MHSA Innovations pursuits, Los Angeles and Kern Counties have joined forces to develop a collaborative approach to purchasing, deploying and advancing technology-based mental health supports and services. In light of the opportunity for greater purchasing power, shared learning and evaluation, input into the evaluation of this technology, Modoc County Behavioral Health (MCBH)

has engaged with our stakeholders to determine whether the collaborative could be leveraged to serve our local needs. This included building on previous Community Planning Processes, and focusing on the prior stakeholder feedback from 2016 and 2017 that contributed to the development of MCBH's MHSA Innovation Plan I. During a series of stakeholder meetings held in January of 2018, stakeholders voiced a variety of needs that are aligned with the existing collaborative goals. Two needs emerged as priorities to be addressed in this project:

1. Alternative modes for access to social support/engagement and services due to the following identified barriers:
    a. Isolation and lack of social support: Modoc County is a rural, sparsely populated, isolated county of over 7,800 square miles located in the northeastern corner of California, bordering Oregon to the north and Nevada to the east. According to 2016 U.S. Census Bureau estimates, the population in Modoc County is believed to be 8,795, compared to a 2010 Census of 9,686, indicating that the population in Modoc county has decreased by 9.2%, continuing a downward trend from the loss of 7.4% in 2015. This stands in contrast to a population increase of 5.4% in California according to U.S. Census estimates in 2016 and 5.1% in 2015 (www.census.gov/quickfacts/table/PST045215/06049,06). Modoc County has only one incorporated city, Alturas, the County Seat, with a population of just over 2,600 people (https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF) Major metropolitan areas are outside the county, or outside the state, 150-180 miles away. There are a number of small, rural communities located in the county. East of the Warner Mountains are Cedarville, Eagleville, and Fort Bidwell; in the northern part of the county are Davis Creek and New Pine Creek; to the west and northwest are Day, Canby, Newell/Tulelake, and Adin; and in the south, is Likely. The population of these unincorporated community's ranges from 800 to less than 60. The County has been designated by legislation as a **"Frontier county,"** which means that service delivery is hampered by the extremely low density of residents (about 2.5 people per square mile). While those who live in Modoc County enjoy all the advantages of rural living, they also face the challenges of a depressed rural economy, a geography that isolates them, and harsh winter weather often lasting into May, which causes further isolation. The sheer size and topography make it difficult for individuals and families to access needed support systems. Lengthy distances are further compounded by the fact that public transportation in the county is nearly nonexistent. Especially in the more remote areas outside of the county seat, Alturas, transportation is a concern and well-known challenge. Older adults who are unable to drive, and others who do not have resources for private transportation are further isolated.
    b. Stigma: Throughout Modoc County, and especially in smaller outlying areas, there exists stigma and self-stigma regarding receiving traditional mental health care.
    c. Anonymity and privacy: As all Modoc County towns are small and populations are well acquainted, some choose to come to Alturas to avoid neighbors and friends knowing about their mental health care needs or refuse services altogether.

d. Discomfort with traditional modalities: There are some individuals who do not feel comfortable receiving services and supports in a traditional clinical setting, which can sometimes lead to avoidance of care and increase in symptoms.

2. Identification of early onset of mental illness and monitoring personal wellness: Consumers and clinicians have come to recognize that personal wellness data (e.g. sleep quality and quantity, activity levels, etc.) is challenging to report accurately and in such a way as to both make early detection of needs possible and to inform personal wellness and treatment planning. Further, early detection of needs of those not currently receiving services is idiosyncratic and all too often fails.

These are long-standing and well-known needs and challenges that we have discussed over the past 5 years related to wellness and integration of whole person care that our traditional systems cannot fully address. Over the past two years community member discussions have identified isolation, social support/engagement and access to services, particularly in our more remote outlying areas, as priority needs. Further, they have expressed concern that older adults are particularly vulnerable. Additionally, they have expressed the need to identify the onset of mental illness or disruption in wellness earlier.

In discussing the Stakeholder feedback with the Modoc County Behavioral Health Advisory Board (MCBHAB), Director Karen Stockton proposed joining the other California counties in a technology-based Innovation project. The MCBHAB unanimously expressed their support to pursue the project to help reduce isolation, increase access to services, and identify onset of mental illness sooner. Peer members expressed their ongoing interest in supporting the project locally. Further, they enthusiastically offered to partner with MCBH staff to present the project to the Commissioners of the Mental Health Services Oversight and Accountability Commission.

MCBH and its Advisory Board propose targeting three specific populations with this Innovation plan: 1) individuals in remote, isolated areas of the county who have less access to social support and mental health services; 2) transition-aged youth with first-break psychosis, 3) transition-aged youth and adults, engaged in whole-health wellness plans, who desire to track passive data for personal wellness and treatment planning. MCBH estimates that the number of individuals served by this Innovation project will be approximately 300 (In Fiscal Year 2016-17 Modoc County penetration and prevalence rates were as follows: MediCal Eligibles - 3016; MediCal Clients served - 299; Mental Health clients served - 382; Holzer Estimate - 548; MediCal Penetration Rate – 9.9%; Holzer Rate served – 69.7%).

The emerging array of technology options represents new opportunities to significantly impact Modoc County's identified needs. However, given the array and complexity of these needs, MCBH's innovation and other resources would have limited impact on them, if pursued independently. By joining the collaborative, pooling resources, and jointly deploying and advancing an array of technology applications, MCBH is positioned to bring far greater benefit to our community even as a very small county.

What Has Been Done Elsewhere to Address Your Primary Problem

Technology-based mental health support and services has been increasing access to services for those who do not seek traditional means of treatment and as a supplement for those receiving services. Private-industry technology-based services have been utilized with universities and public health

institutions previously – however, a project utilizing technology-based services and supports to increase access and linkage has never before been tested by multiple counties, which this project intends to do.

The Proposed Project

Modoc County Behavioral Health and its collaborative county partners intends to utilize a suite of technology-based mental health services and solutions which collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Technology-based services would be accessible to clients and public users through devices like computers, tablets, smartphones and other mobile devices. The project will identify those in need of mental health care services through active online engagement, automated screening, and assessment. Services are focused on prevention, early intervention, and family and social support intended to decrease the need for psychiatric hospital and emergency care service.

MCBH intends to select from the suite options as they become available on an ongoing basis in order to increase access and maximize passive data collection while addressing our unique rural challenges in access to technology as well as services. Without this collaboration, we would not have the resources as a small county to develop any one of the potential technology-based services.

Further, the project **supports** another system-wide strategy that MCBH has been advancing for years: making data available to and useful in day-to-day service delivery. Through access to **additional personal wellness data and other measures** (available through the "cafeteria options") coupled with better use of data, we seek to improve clinical decision-making for each individual we serve, better orient our services to our population's needs, and deepen our ability to continuously improve our quality. As such, our desire is to link our Innovation I Project: Electronic Behavioral Health Solutions (eBHS) and Innovations and Improvement Through Data (IITD) with this project. **We believe it is vital to be consistent in the use of the same data analytics/warehouse (or one that easily networks) between both projects.** Our staff will make it a priority to represent our need to keep eBHS in sync with the data elements collected and transferred to the collaborative so that we have full use of our county data real-time for personal wellness and treatment planning as well as for local quality improvement and evaluation activities.

As a **pilot** in the use of eBHS **through our Innovation I Project Evaluation**, we believe we will have an important voice to be heard in the collaborative process and shared learning. We plan to contribute to the evaluation design planning to ensure that we are able to track data elements for our evaluation and **build out eBHS as necessary to merge new data elements into the system and transmit them to the overall evaluation data collection system.** Through ongoing involvement we want to assess the ongoing viability of eBHS as a population management and data analytics tool in the face of the multiplicity of mandatory data submission systems.

This project, implemented in multiple counties across California, 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, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. Counties will pool their resources through the Joint Powers Authority, CalMHSA, to jointly manage and direct the use of selected technology products.

Innovation serves as the vehicle and technology serves as the driver, promoting cross-county collaboration, innovative and creative solutions to increasing access and promoting early detection of

mental illness and signs of decompensation, stopping the progression of mental illness and preventing mental illness all together.

This approach has not previously been used in a public mental health care setting. Given the popularity of technology-based services, it has been determined that engagement focused in this way can provide a method of access and linkage to care never previously achieved in the public mental health system.

Components of the Technology Suite

Accessible from a computer, cell phone, tablet or other mobile device utilizing customized applications for:

1. Digital detection of emotional, thought and behavioral disturbances through passively collected data and sophisticated analyses that sense changes in the user interface known to correlate with social isolation, depression, mania, the early psychotic (prodromal) syndrome, and other indicators of either the onset of new mental illness or the recurrence of a chronic condition. As concerning signals are detected, communication to the user is generated through texts, emails, peers or clinician outreach to prompt care.
    - This component of the suite directly addresses our clients' and clinicians' desire and need for more accurate and timely reporting of indicators of impending crisis, increase acuity, etc. Currently, in the best-case scenario, the information is reported episodically and subjectively; in all too many cases, it is never reported.
2. A web-based network of trained and certified peers available to chat 24/7 with individuals (or their family members/caregivers) experiencing symptoms of mental illness. A link to the chatroom will be available through a shared web-portal and social media will be used to promote the service across the multi-county collaborative. As the menu of options develops, it is anticipated that this service may be provided by a contractor to address the unique needs of the collaborative partners. Branding will stress the resource as both a support and triage tool for anyone experiencing problems at any time, especially those unfamiliar with self-management techniques, confused or unclear about the available resources, or reluctant to visit a mental health clinic.
    - This technology-based peer chat service will help us support those who struggle to access traditional services due to transportation and other resource barriers, as well as those who do not want traditional services. Given the limited availability of peers in MCBH County, this service would not be possible 24/7; by creating a shared peer support capability with other counties, this level of accessibility will become possible. Further, this sharing will support those individuals who seek anonymity and privacy related to their needs.
3. Virtual, evidence-based on-line treatment protocols using treatment algorithm-based avatars to deliver clinical care. By their nature as virtual tools, this client-provider interface is available 24/7 and can be accessed in the home, clinical settings, and mobile devices.
    - These online services address all the challenges described above, while also expanding our overall service capacity to all individuals served. Both clients preferring non-traditional services as well as those in traditional care can benefit from these virtual services.

Overall Goals of the Project are to:

1. Expand and diversify capacity to overcome isolation, stigma, privacy and other social barriers to expand capacity to provide alternate modes of engagement, support and intervention.

In Modoc County, offer technology-based social support/engagement and services as both an adjunct to traditional services and as an alternative to them, prioritizing individuals living in remote, isolated areas, as well as youth and older adults throughout the county.

2. Detect mental illness earlier, including depression, psychosis, and bipolar disorder.
   In Modoc County, detect mental illness and utilize tools to intervene more effectively, particularly with first break psychosis and in depression (with a focus on older adults).
3. Intervene earlier to prevent mental illness and improve client outcomes.
   In Modoc County, intervene earlier in mental illness to prevent mental illness in young adults with first break psychosis and improve client outcomes.

Additional goals of the collaborative project are described below. These goals will be addressed in Modoc's project as relevant to MCBH's selection of products based on our local needs:

1. Utilization of technology-based behavioral health solutions which engage, educate and provide intervention to individuals experiencing symptoms of mental illness. Services will include:
   a. Virtual peer chatting with trained and certified peers with lived experience.
   b. Virtual support communities for populations including those experiencing behavioral health-related symptoms and family members of those with mental illness.
   c. Virtual chat options for parents of children and adults receiving behavioral health care.
   d. Virtual interventions including mindfulness exercises and Dialectical Behavior Therapy (DBT) skills delivered simply.
   e. Referral process for those requiring additional services through MCBH.
2. Use passive sensory data to engage, educate and suggest behavioral health activation strategies to users, including:
   a. Incorporation of passive data from smart phones or mobile devices into an interactive approach to digital phenotyping where the technology analyzes factors associated with cell phone usage (personal wellness data) and interacts with the user through a pop-up chat function which allows for increased user understanding of thought and feeling states. This essentially means the technology-suite application would include a mechanism to measure the activities and behaviors of the user to determine disruptions in patterns that may include isolating, losing sleep or other indicators of risk of mental illness or increased symptomology.
   b. Web-based analytics that inform targeted communications and recommend interventions.
   c. Incorporation of emerging research in mental health early detection to target individuals who may be at risk of or experiencing early symptoms of mental illness and use passive data collection to identify risk-symptoms or potential for relapse.
3. Create a strategic approach to access points to expose individuals to technology-based mental health solutions, including:
   a. Engaging school systems to promote use of services and supports.
   b. Utilizing social media, public website and other media to promote use of technology-based services.
   c. Working with mental health organizations, peer-based community learning centers and local support groups to promote use of technology-based services.
   d. Collaborate with those providing services to older adults at risk for social isolation, including working with senior centers, Sunrays of Hope, TEACH and faith-based organizations who outreach to seniors.
   e. Work with local public locations, including agencies, libraries and/or other resources to promote technology-based service use.
4. Develop method and conduct outcome evaluation of all elements of the project, including:

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

Innovative Component

The project introduces a new approach or approaches to the overall mental health system including, but not limited to, prevention and early intervention. This project will utilize technology-based services and supports to engage populations not previously engaged through outreach and education efforts. Through the use of technology as a means of reaching and engaging those with mental illness, MCBH and its partners intend to provide access for unserved and underserved populations which were previously unidentified through culturally relevant platforms.

Learning Goals/Project Aims: The shared learning goals and project aims of the collaborative are in alignment with those of MCBH. Some of the unique aspects of MCBH will contribute to shaping and evolution of a technology suite that has statewide usefulness and effectiveness, and therefore supports collaborative goals/aims without compromising the benefit to our community. Similarly, MCBH will gain from the contribution of other participating counties. Acknowledging that all counties in California have much in common in terms of challenges and opportunities, pursuing the following shared learning goals and project aims will allow us to learn locally and leverage the opportunities that only come from a statewide view and approach. The Learning Goals of particular interest to Modoc's project are highlighted in blue.

1. Whether those at risk of or experiencing mental symptoms of mental illness use peer chatting accessed through technological platforms. And if so, what are the demographics of those who do use peer support through this technological platform.
2. Whether those access technology-based supports and services including virtual peer chat will engage in manualized therapeutic interventions.
3. Whether virtual chatting and peer-based interventions will result in greater social connectedness, reduction of symptoms related to mental illness and increase wellbeing.
4. Which virtual-based strategies are most helpful in compelling individuals to feel willing and capable of seeking necessary behavioral health care or services.
5. Whether passive data collected from smart phones or other mobile devices can accurately detect changes in mental health status and prompt behavioral change effectively.
6. How digital data informs the need for mental health interventions and coordination of care.
7. Determine effective strategies to reduce the duration of untreated mental illness.
8. Whether online social engagement is successful in mitigating the severity of mental health symptoms.
9. Determining the most effective strategies and approaches in promoting virtual care and support for the most appropriate populations.

Evaluation or Learning Plan

Evaluation will consist of tracking and analysis of passive data, users reached, level of user engagement, access and timeliness of care and clinical outcomes. Passive data from smart phones and mobile devices will be analyzed to determine changes in mental status and response to online peer-based supports,

digital therapeutic and virtual behavioral health care services. Interventions would be driven by continuous assessment and feedback.

MCBH will participate in the Innovation plan evaluation primarily by contributing data to the evaluation experts who will be leading this evaluation. Modoc-specific data generated through the evaluation activities will be used to guide our local adaptation and adoption of selected applications. The MCBH MSSA Coordinator and Peer Specialists will ensure that Modoc County's evaluation needs are articulated in the multi-county evaluation plan that is developed, and that the department is able to access County-level data on the target populations served. Further, they will ensure that our eBHS needs are represented so that we can build out eBHS in such a way as to have consistent, real-time data for use in wellness and treatment planning and evaluation. Consistent with our "stepping up" to be counted as a partner in the Innovative Collaboration Project, we are committed to a shared evaluation. This means that MCBH intends to contribute, under the direction of the Collaborative Project Evaluation Team/Coordinator, as an active participant in each phase of the evaluation process. Evaluation design, data collection and submission and participation in the evaluation reporting will be ongoing, as appropriate to the "products" selected by the MCBH Project from the Suite of options.

Outcomes to be collected:

1. Demographics of users as possible.
2. Determination of whether users experience increased purpose, belonging and social connectedness.
3. Reduction of duration of untreated or undertreated mental illness and increase in timely access to mental health care for unserved and underserved populations
4. Whether users experience increased ability to identify cognitive, emotional and behavioral changes and actively address them.
5. Determination of whether users experience increases in quality of life, as measured objectively and subjectively by the user and by indicators including activity level, employment, school involvement, etc.

Contracting

Modoc will work with the multi-county collaborative and CalMHSA to research potential contractors known to provide the subject services. Research services conducts both financial and program monitoring of contracted entities. Cost reimbursable contracts are subject to the cost reconciliation process after the close of each fiscal year, at which time the financial records are reviewed and a determination is made regarding cost settlement with the contracted agency. In some instances, it may be determined that the agency owes the County money, and other times it may be determined that the County owes the contracted agency.

Certification

1. County Board of Supervisors approved on March 13, 2018.
2. MHSA Certification Document – Completed on final approval of the Board of Supervisors.
3. MHSA Fiscal Accountability Document – Completed on final approval of the Board of Supervisors.

Community Program Planning

Stakeholder feedback in 2016 and 2017 consistently supported the need for additional modes of access to social support/engagement and services particularly for those isolated in the outlying areas of the county. The most frequent barrier identified was the lack of availability of transportation. Ongoing

support has been expressed for the exploration of use of technology as a potential way to increase access and linkage. For the last five years as we discussed how our system could better address whole person health, recovery, and wellness with our stakeholders, particularly our peer partners and family members, the value for access to real time personal wellness data for personal wellness, recovery, and treatment planning has been reaffirmed. This has resulted in the shaping and planning of our two prior innovation plans, our integrated system of care, and our integration of care improvement projects. Further, our peers have expressed openness and interest in pursuing new technologies to promote detections and offer additional treatment options.

The concept project presented by Los Angeles County in August 2017 (LA and Kern Counties approved October 26, 2017) provided an opportunity for counties to collaborate on a project which would increase access to care while removing barriers associated with lack of transportation and other unique needs. MCBH reached out to the Collaborative to indicate our interest in "stepping up" to be counted as a partner in the multi-county collaborative project and contribute to statewide learning. In addition, MCBH has been preparing the MHSA Annual Update 2017-2018, allowing discussion of the potential opportunity to be included in the Community Planning Process conducted in January 2018, consisting of 13 completed presentations throughout the county.

Discussion regarding concerns and/or support for including the "Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions" as a MCBH Innovation project was included in the standard stakeholder meeting agenda along with other programs under consideration for stakeholder planning, review, and comment for the upcoming year. This project was supported and deemed beneficial to Modoc County by the vast majority of stakeholders. During the Community Planning Process, stakeholders remarked on the possible benefits of the project: Older adults in Alturas indicated this type of program could help them with support because they are homebound and have little access to transportation. Resource providers and agencies working with local families indicated the project would work well in reaching youth who are technology savvy, but may not be ready to seek help with mental health issues.

Other responses included:
"Wow that would be a modern mood ring like they used to have in the '90s. It would tell me right away if I was OK. Cool."—young adult
"Excellent tools for bio-feedback, pattern recognition and client stabilization."—clinician
"Where can I get it?"—older adult
"I would like it because it would help me journal my emotional status."—peer
"Would be user-friendly for older adults."—Public Health nurse
"Would really help reach those in the county who are isolated. We have a lot of them."—California Highway Patrol officer
"I use a device linked to my phone to track my wellness data, I can help my peers use it." Peer and Advisory Board Member

A concern was expressed a few times regarding user paranoia or the unintended consequences of the passive use of data to users (i.e. "Big Brother"). Discussion with Peers has resulted in plans to boost peer support and modeling related to use of passive data and changing use of the term "passive data" to personal wellness data collection. Peers enthusiastically engaged in discussions regarding how they could support the project through modeling and case management. Their ongoing feedback regarding where and when it is best to use local peer support staff, depending on the product(s) selected, will be incorporated into the implementation process. We have included a budget line to increase peer

support/case management services for this project. This feedback will continue to be a consideration during the implementation phase of this project. A concern was also expressed related to how individuals would be able to afford any necessary devices to participate. This concern is addressed as part of our budget request.

The project was presented to over 117 stakeholders (a little more than 1% of the county population) in communities throughout Modoc County during presentations in January of 2018. Stakeholders were 15% Hispanic, 81% White and 4% Native American (as compared to the overall county demographics of 15% Hispanic, 80% White and 5% Native American, with other races represented being too few to show up statistically.) Additionally, the program proposal was posted on February 1, 2018 to allow for the 30-day public review period before the scheduled public hearing presentation held by the Behavioral Health Advisory Board on March 5, 2018. No additional substantive stakeholder feedback was received during the Public Review and Comment period or the Public Hearing. Additional, positive support for the project was received during the Public Hearing. The Behavioral Health Advisory Board voted unanimously to support presenting the proposal to the Modoc County Board of Supervisors for approval. The Modoc County Board of Supervisors voted to approve the proposed project on March 13, 2018. Modoc County Behavioral Health intends to seek Mental Health Services Oversight and Accountability Commission approval of the project as soon as it can be placed on the Commission Meeting Calendar.

Primary Purpose
Increase access to mental health services to underserved groups

MHSA Innovative Project Category
Introduces a new mental health practice or approach

Population
Those utilizing technology-based mental health services and supports:

- Those with sub-clinical mental health symptom presentation, including those who may not recognize that they are in the early course of a mental health condition
- Those at risk for mental illness or relapse of mental illness
- Socially isolated individuals, including older adults
- Those experiencing high frequently of inpatient psychiatric care
- Current behavioral health clients in need of additional support
- Family members of children and adults with mental illness in need of additional support

MHSA General Standards

1. Community Collaboration
    a. This project will seek to work with organizations serving children, transitional aged youth, adults and older adults who would benefit from technology-based mental health services and supports. This would include inpatient and outpatient behavioral health care providers, schools, senior centers, peer-based services centers, law enforcement working with youth-based programs, etc.
2. Cultural Competency
    a. Support communities built within the technology-based supports and services system will have the capability to address and engage with youth, adults, older adults, those with substance use or other addictions, LGBTQ individuals seeking support and communities specifically geared toward behavioral health symptoms.

3. Client-Driven
    a. This project requires active initiation of the client or potential client seeking technology-based mental health support. Those utilizing online or application-based services initiate their role in care and determine the frequency. The goal of the program is to engage those in need of care and reduce the duration of untreated mental illness.
4. Family-Driven
    a. Family members of children and adults with mental illness can initiate technology-based mental health support through the online or application-based program at will.
5. Wellness, Recovery and Resilience-Focused
    a. Using virtual peer chat and online support communities, users are connected to those with lived experience who can actively provide support and encouragement for those experiencing mental illness or family members of children or adults with mental illness.
6. Integrated Service Experience for Clients and Families
    a. Though support group experiences may be different for clients than for family members, skills and supportive practices can be used by both family members and those with mental illness to work toward common recovery goals.

As such, the services that will result from the Innovation project will reflect and be consistent with all the MHSA General Standards. We will advocate for the tools in the suite to be available in Spanish (our only threshold language). It is intended that evaluation activities will collect information on demographics to identify if services are effective across diverse populations.

Continuity of Care for Individuals with Serious Mental Illness
This program promotes technology-based mental health solutions and analytics of passive data collection for those active in care with the System of Care and those previously unreached. For those who require a higher level of care for severe mental health symptoms, a referral would be made through the contracting technology companies for services with Modoc Behavioral Health.

Innovative Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement
This project addresses the needs associated with multiple age and cultural populations including youth and transitional aged youth, adults and older adults. Additionally, instant online access to support communities for parents of children with mental illness, LGBTQ individuals and those experiencing mental health symptoms or addiction are available.

As part of a multi-county collaborative innovative program, communication by participating partners regarding data and outcomes will continue throughout the duration of the three-year project. Consumer and Family member involvement in the implementation and evaluation process is a funded priority. Through this collaboration, an opportunity for shared learning will continue as well as development of best practices in utilizing the technology suite. Modoc Behavioral Health will provide stakeholders throughout the county with regularly updated reports of outcomes during stakeholder presentations and the MHSA Three-Year and Annual Update Reports. Modoc Behavioral Health will also participate in cross-county learning opportunities supported by the Mental Health Services and Oversight Accountability Commission (MHSAOC).

Modoc Behavioral Health Services, as a collaborative partner, further anticipates the opportunity to provide information on shared learning with collaborative county partners in venues including conferences, meetings and potential publication of article submission to peer-reviewed journals.

Sustainability
Evaluation of the program by a contracted entity determining the success of the program based on the analytics of the technology-based suite of access and linkage services will determine the continued need of the program beyond the three-year innovative period. With favorable results and stakeholder support, a combination of Prevention and Early Intervention, Community Services and Supports and other funds could be used to extend this project. Should this project be discontinued due to poor outcomes or loss of stakeholder support, MCBH will provide education to staff and clients for a smooth transition into the current system of care.

Timeline for Project Implementation
The projected timeframe is as follows but, due to the innovative nature of this project and multi-county collaboration, actual implementation steps may deviate in terms of sequence and/or timeframes:

October 26, 2017 – MHSOAC - Approval of the LA and Kern Collaborative Plan. Modoc indicates interest in stepping up to be a partner in the Collaborative. Modoc initiates involvement in the Collaborative Project calls and meetings.

January 9-25, 2018: Community Planning Process and targeted feedback collection regarding Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions project.

February 1 - March 5, 2018: 30-day posting on public website and in Modoc Behavioral Health locations for public feedback; submission to Mental Health Services Oversight and Accountability Commission and Collaborative Project Coordinator for technical assistance.

March 5, 2018: Public Hearing and final presentation to Behavioral Health Advisory Board.

March 2018: Resubmission of revised draft as necessary to MHSOAC Staff for feedback.

March 13, 2018: Presentation and approval by Modoc County Board of Supervisors

April 26, 2018: Presentation and anticipated approval from the Mental Health Services Oversight and Accountability Commission.

May, 2018: Formally join the collaborative project.

May, 2018: Creation of technology suite steering committee comprised of stakeholders including one or more clients (including transitional-aged youth), family members, Modoc Behavioral Health Information Technology Services staff and other stakeholders who will provide feedback on implementation and guide use and scaling of the project, as well as shaping evaluation. This committee will also make recommendations on the use of the technology suite in clinical settings and the role of the services within the Modoc Behavioral Health system of care.

May 2018: Merge with Collaborative current timeline:

June - August, 2018: Identification of analytics to be collected and reported on, including developing reporting framework.

May – June, 2018: Launch of virtual services through identified strategic access points, including outpatient behavioral health care providers, schools, senior centers, peer-based service center, law enforcement, social media, etc. focused on mobile devices including smart phones as well as laptop and desktop computers.

May – August, 2018: Development, testing and implementation of digital phenotyping and introduction of technology-based mental health solutions to users via schools, social media, and other key community organizations.

FY 2018-2019: Development, testing and implementation of targeted communications and interventions most effective for individuals at risk of or experiencing early symptoms of mental illness by measuring intervention, engagement, and response using digital biomarkers created from passive mobile device data.

FY 2019-20 – FY 2020-2021: Continued use, evaluation and scaling and a final evaluation to the Counties and MHSOAC.

Budget Narrative:

Modoc Behavioral Health anticipates their portion of the estimated cost of **project expenditures for three fiscal years shall not exceed $270,000**, with final budget detail determination prior to solicitation of the project. All funds utilized directly for this project will be MHSA Innovations Component funding.

Funds subject to reversion through FY 13-14	$74,612
Funds remaining unobligated & projected FY14/15 - FY19/20	$195,388
Total	$270,000

The budgeted **expenditure details are estimated** in the narrative and table below and may vary as collaborative negotiations and contracts evolve. Budget elements are an approximation, and proportion of funds allocated to each element may change as finalization of contracts for services and evaluation are determined. It is anticipated the CalMHSA will be utilized as the fiscal agent for a portion of the program and the percentage funds they manage will be assessed.

As described in the budget table below, the funds will be divided between personnel costs, contract travel, contract costs for Peer support, technology and equipment, evaluation, and administrative costs.

Personnel Costs include costs for planning, implementation and evaluation as outlines in the following table “Personnel costs per Year”:

Personnel Costs per Year (3 year project)	
MCBH Director (.1 FTE)	$8,801
MCBH Information Systems Coordinator (.2 FTE)	$7,000
MCBH MHSA Program Manager (.1 FTE)	$3,500
MCBH Administrative Assistant/Analyst (.25 FTE)	$9,002
Total (.65 FTE)/year	$28,303/year

Contract for Peer Support includes participation in design, selection, case management/implementation at the client level, and evaluation activities.

Travel costs include travel for Peers for planning and implementation meetings. Travel for BH Director and/or MHSA coordinator will come from other MH funds as necessary.

Technology costs constitute MCBH's contribution to the development of the technology suite and/or purchase of technology products. The department anticipates the need to purchase products from the "Suite" or "cafeteria" of options that best meet the needs of beneficiaries and device(s) to ensure access to the products. We anticipate that due to limited web access and bandwidth available we may also need to purchase web access to ensure accessibility to our target populations.

Administrative costs include the fee paid to CalMHSA (5% total invested in the collaborative fund pool per each fiscal year) to oversee the multi-county administrative and financial components of the project.

BH Peer Specialist Services: In addition to the BH Peer Specialist funded through other MH funding, this plan includes additional funds added to the current contract with Sunrays of Hope (our local peer owned and operated BH Wellness and Recovery Center) for additional Peer involvement in the planning, implementation and evaluation of the project. We believe his involvement will be particularly valuable in the selection and case management regarding use of the tools and collection of data, as well as the evaluation.

Evaluation: It is anticipated that Modoc County will participate in the collaborative coordination, promotion, and evaluation and contribute a portion based on an established formula related to the total cost, estimated **not to exceed 10%** of the total cost of the project. MCBH will cover any additional County staff evaluation costs, beyond budgeted personnel costs, through general operating expense.

Expenditures	FY17/18 Partial Year	FY 18/19	FY 19/20	FY 20/21 Partial Year	Total
Personnel Costs: Salaries	8,000	28,303	28,303	20,303	84,909
BH Peer Support Contract	2,000	5,000	5,000	1,000	13,000
Operating Costs: Travel	2,000	2,000	2,000	1,991	7,991
Non-reoccurring Costs: Technology- County Devices/Equipment & Web access		15,100	15,000		30,100
"Suite" or "Cafeteria" Products	10,000	35,000	35,000		80,000
Administrative costs:					
Local		5,000	5,000	3,500	13,500
CalMHSA		5,000	5,000	3,500	13,500
Promotion & Evaluation		10,000	10,000	7,000	27,000
Total:	22,000	105,403	105,303	37,294	270,000