

**City of Berkeley
Mental Health Services Act (MHSA)
Innovations (INN)
Technology Suite Project Plan**



**Mental Health Division
Health, Housing & Community
Services (HHCS) Department**

RESOLUTION NO. 68,493-N.S.

MENTAL HEALTH SERVICES ACT (MHSA) INNOVATIONS (INN) TECHNOLOGY
SUITE PROJECT PLAN

WHEREAS, the City's Department of Health, Housing & Community Services, Mental Health Division, currently receives Mental Health Services Act (MHSA) Innovations (INN) funds on an annual basis for short term projects that will increase learning in the mental health field through strategies that will either improve the access, quality, or outcomes of services, and/or promote community collaborations; and

WHEREAS, the Mental Health Division works cooperatively and in partnership with the area schools, community-based agencies, and other providers in the provision of such services and supports; and

WHEREAS, the initial MHSA INN Plan was adopted on February 23, 2012 by the Mental Health Commission following a three month long community planning process that included input from mental health consumers, family members, staff, and other community stakeholders; and

WHEREAS, on March 20, 2012 by Resolution No. 65,629-N.S., pursuant to the approved MHSA INN Plan, City Council authorized the execution of up to seven INN pilot project grants, utilizing \$429,600 by June 2012; and

WHEREAS, on May 7, 2013 by Resolution No. 66,107-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2012 and 2013 Annual Update which included an update to continue mental health services and supports through INN projects utilizing \$315,000 by June 2014; and

WHEREAS, on January 21, 2014 by Resolution No. 66,446-N.S., the City Council authorized the City Manager to approve the INN MHSA Plan Update which increased funding for mental health services and supports through INN projects utilizing \$147,700 by June 2014; and

WHEREAS, on June 24, 2014 by Resolution No. 66,668-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2013 and 2014 Annual Update which included an update to continue mental health services and supports through INN projects utilizing \$148,799 by June 2015; and

WHEREAS, on June 30, 2015, the original MHSA INN funded projects ended; and

WHEREAS, on April 26, 2016, by Resolution No. 67,434-N.S., the City Council authorized the City Manager to approve a Trauma Informed Care for Educators INN Project utilizing \$180,000 through June 30, 2018; and

WHEREAS, a new MHSA INN Plan has been written and vetted through the stakeholder process that must be approved by City Council in order to implement technology-based mental health services and supports in Berkeley and Albany utilizing \$462,916 by June 30, 2021.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is hereby authorized to approve the MHSA INN Plan (Exhibit A) for a new INN Mental Health Technology Suite Project through June 30, 2021.

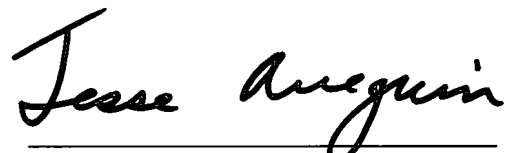
BE IT FURTHER RESOLVED that the City Manager is authorized to forward the MHSA INN Plan to the Mental Health Oversight and Accountability Commission (MHSOAC) for final State approval.

The foregoing Resolution was adopted by the Berkeley City Council on June 26, 2018 by the following vote:

Ayes: Bartlett, Davila, Droste, Hahn, Harrison, Maio, Wengraf, Worthington and Arreguin.

Noes: None.

Absent: None.



Jesse Arreguin, Mayor

Attest:



Mark Numainville, City Clerk

MENTAL HEALTH SERVICES ACT (MHSA) DRAFT INNOVATIONS (INN) PLAN PROPOSED TECHNOLOGY SUITE PROJECT

The City of Berkeley has created a Draft Mental Health Services Act (MHSA) Innovations (INN) plan in order to allocate \$462,916 of unspent funds to join with other California counties to pilot a Mental Health Technology Project. Becoming a collaborative partner on the Technology Suite Project would make various technology-based mental health services and supports available locally in Berkeley and Albany. The proposed INN project will seek to learn whether the Technology Suite Project will increase access to mental health services and supports; and whether it will increase the quality of mental health services, including leading to better outcomes.

MHSA INNOVATIONS BACKGROUND AND OVERVIEW

Enacted by voters on November 2, 2004, the Mental Health Services Act (MHSA) is Proposition 63 that places a 1% tax on every dollar of personal income over \$1 million. MHSA revenues are allocated to mental health jurisdictions across the state for the purposes of transforming and expanding the public mental health system by helping systems become more integrated, culturally competent, consumer and family member driven, and wellness and recovery oriented. Through five funding components, MHSA is designed to create the capacity for a broad continuum of prevention, early intervention and treatment services along with the necessary infrastructure, technology, and training elements to support effective mental health system transformation.

One of the five funding components of MHSA is Innovations (INN). The purpose of INN is to implement short-term pilot projects that contribute to new learning in the Mental Health field. These funds provide the opportunity to pilot test creative strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services
- Increase access to mental health services for underserved groups
- Increase the quality of mental health services, including better outcomes
- Promote interagency collaboration

INN projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings. Mental Health jurisdictions are required to report on the results of strategies and projects that were implemented through this funding component.

As with all MHSA components, INN funds are made available through an approved INN Plan which includes the following required steps: conducting a community program planning process informed by community stakeholders, plan development, a 30-Day Public Review, a Public Hearing, and obtaining approvals by the local City Council and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

COMMUNITY PROGRAM PLANNING (CPP)

In Fiscal Year 2017 (FY17) the City of Berkeley, Health, Housing & Community Services Department, Mental Health Division (Berkeley Mental Health) hired an outside consultant, Applied Survey Research, to conduct the State required MHSA Community Program Planning (CPP) process to obtain input on local mental health needs that could potentially be addressed through INN funds. Over a five-month period community input meetings, key informant interviews, focus groups and MHSA Advisory Committee

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: City of Berkeley

MHSA Innovations Technology Suite Plan


Local Mental Health Director	Program Lead
Name: Steve Grolnic-McClurg	Name: Karen Klatt
Telephone Number: (510) 981-5249	Telephone Number: (510) 981-7644
E-mail: SGrolnic-McClurg@cityofberkeley.info	E-mail: KKlatt@cityofberkeley.info
Local Mental Health Mailing Address:	
1521 University Avenue Berkeley, CA 94703	

I hereby certify that I am the official responsible for the administration of County/City mental health services in and for said County/City and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this MHSA Innovations Technology Suite Plan, including stakeholder participation and nonsupplantation requirements.

This MHSA Innovations Technology Suite Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The MHSA Innovations Technology Suite Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The MHSA Innovations Technology Suite Plan, attached hereto, was adopted by the City Council on June 26, 2018.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant. All documents in the attached annual update are true and correct.

Steven Grolnic-McClurg
Local Mental Health Director/Designee


Signature

11/29/18
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

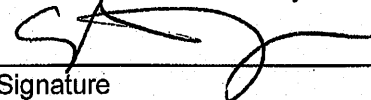
County: City of Berkeley

Local Mental Health Director Name: Steve Grolnic-McClurg Telephone Number: (510) 981-5249 Email: SGrolnic-McClurg@citvofberkelev.info	County Auditor-Controller/City Financial Officer Name: Henry Oyekanmi Telephone Number: (510) 981-7326 Email: Finance@citvofberkelev.info
County Mental Health Mailing Address: 1521 University Avenue Berkeley, CA 94703	

I hereby certify that the MHSA Innovations Technology Suite Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of Perjury under the laws of this state that the foregoing and the attached MHSA Innovations Technology Suite Plan is true and correct to the best of my knowledge.

Steven Grolnic-McClurg
Local Mental Health Director (PRINT)

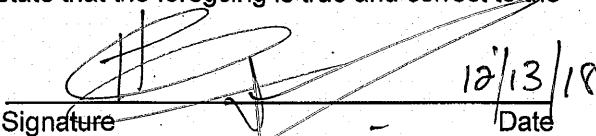

Signature

11/29/18
Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the City Council and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing is true and correct to the best of my knowledge.

HENRY OYEKANMI
City Financial Officer (PRINT)


Signature

12/13/18
Date

meetings were held to obtain input from MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from un-served, underserved and inappropriately served populations; City Commissioners, Berkeley Mental Health staff, and other MHSA Stakeholders. The areas of local mental health needs that emerged from this process included: Access to and Availability of Services; Crisis Response; Coordination of Services and Transitions; Lack of Evaluation; Stigma of Mental Illness; and Youth/Transition Age Youth (TAY) mental health needs.

Development of the proposed INN Plan included both an examination of the areas of need that emerged out of the FY17 planning process and the amount of INN funding that needed to be expended by a given timeline. Following an internal review, various potential program ideas were vetted through the State Mental Health Services Oversight Accountability Commission (MHSOAC) and the local MHSA Advisory Committee before proposing to join the multi-county collaborative Technology Suite Project.

Some of the multiple areas of need repeatedly voiced in the FY17 planning process that the City of Berkeley is proposing to address through the multi-county collaborative INN Technology Suite Project are Access to and Availability of Services; Coordination of Services and Transitions; Stigma of Mental Illness; and Youth/Transition Age Youth (TAY) mental health needs.

In FY18 three MHSA Advisory Committee meetings and three Community Input Meetings were held to obtain input on the proposed use of INN funds to join the multi-county collaborative Technology Suite Project. Additionally, presentations were held on the proposed project at meetings of the Berkeley Pool of Consumer Champions, and the Mental Health Commission. Community input for this project was overwhelmingly favorable.

A 30-Day Public Review was held from Tuesday, April 24 through Wednesday, May 23, 2018 to invite input on the MHSA Draft INN Plan. A copy of the Draft Plan was posted on the BMH MHSA website and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing at the Mental Health Commission was held on Thursday, May 24, 2018 at 7:00pm at the North Berkeley Senior Center. During the Public Hearing, the Mental Health Commission passed a motion approving the MHSA Innovations Technology Suite Project as submitted.

INN TECHNOLOGY SUITE PROJECT OVERVIEW

Berkeley Mental Health is proposing to join with collaborative county partners to implement a suite of technology-based mental health services and solutions (mobile and computer applications – Apps) that can be accessed by community members on an at-will, voluntary basis. The Apps will collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Public users and clients choosing to utilize the Apps will be able to access services through devices like computers, tablets and smartphones. The project will identify those in need of mental health care services through active online engagement, and automated screening and assessment. Services will be focused on prevention, early intervention, and family and social supports intended to decrease the need for psychiatric hospital and emergency care.

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.

The goals of the project will include:

1. Utilization of technology-based behavioral health solutions which engage, educate and provide intervention to individuals experiencing symptoms of mental illness;
2. Utilization of passive sensory data to engage, educate and suggest behavioral health activation strategies to users;

3. Creating a strategic approach to access points to expose individuals to technology-based mental health solutions;
4. Developing a method and conducting outcome evaluation of all elements of the project.

The Technology Suite Project is comprised of three mental health App components, and two Universal Components. The App components are as follows:

1. Peer Chat and Digital Therapeutics: 24/7 virtual Peer Chatting through trained and certified peers with lived experience; virtual communities of support for various populations; manualized interventions, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions; referral processes.
2. Therapy Avatar: Virtual evidence-based interventions delivered via an avatar; scripted mindfulness exercises and Cognitive Behavioral therapy interventions; referral processes; access to a directory of public mental health services.
3. Digital Phenotyping: Analyzes factors associated with cell phone usage (Passive sensory data) to engage, and suggest behavioral activation strategies for users; informs targeted communities and recommended interventions; assists individuals at risk of, or experiencing early symptoms of, mental illness in identifying risks/symptoms or potential for relapse; tailors wellness strategies to a person's needs.

The Universal Components include the following:

1. Community Engagement and Outreach Engaging Users Promoting and Use: This component would provide a strategic approach to access points that will expose individuals to the mental health Apps.
2. Outcome Evaluation: An evaluation of all elements of the project, including measuring reach and clinical outcomes.

All mental health jurisdictions participating in the Technology Suite Project must include the Universal outreach and evaluation components into their local projects. However, based on community need, participating jurisdictions have the option of which mental health Apps they will buy into and make locally available.

The California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA), will serve as the fiscal intermediary for mental health jurisdictions who are participating in the Technology Suite Project. In this collaborative approach, CalMHSA will contract directly with technology vendors, support the shared evaluation, and maximize outreach and marketing.

PROPOSED CITY OF BERKELEY TECHNOLOGY SUITE PROJECT

In an effort to increase access to, and the availability of services; promote the coordination of services and transitions; reduce the stigma of mental illness; and address unmet community mental health needs in youth and various populations, Berkeley Mental Health is proposing to make locally available, all three of the mental health App components (Peer Chat/Digital Therapeutics; Therapy Avatar; and Digital Phenotyping). If granted approval of the INN Technology Suite Project Berkeley Mental Health will convene an Advisory Committee of community stakeholders, consumers and family members who will provide recommendations on various aspects of the project including any additional Apps that would be appropriate to address current and emerging mental health needs.

The primary learning goals of the Berkeley Technology Suite Project are to assess:

- Whether having an accessible mobile/computer App of resources increases access to mental health services to various populations that are not currently served at Berkeley Mental Health;

- Whether providing an App that would assist individuals in recognizing signs and symptoms of mental health concerns, would promote better outcomes;
- Whether technology-based services would increase the coordination of accessible information of area mental health resources;
- Whether technology-based services would provide better coordination of care for clients who are accessing multiple social services, promoting community collaboration and better mental health outcomes;
- Whether the utilization of technology-based services would reduce stigma around accessing mental health services;
- Whether the provision of technology-based services would increase access and promote better mental health outcomes for transition age youth;
- Whether various populations find the technology Apps to be helpful in promoting better mental health outcomes and access to services.

The proposed timeline of the project will be from June 2018 – June 2021.

INNOVATIVE PROJECT PLAN DESCRIPTION

PRIMARY PROBLEM

In FY17 Berkeley Mental Health hired an outside consultant, Applied Survey Research, who conducted the MHSa required community program planning process to determine local mental health needs for this round of Innovation funds. Some of the multiple areas of need that emerged through this planning process that the Berkeley Mental Health is proposing to address through the Innovations Technology Suite Project are : Access to/Availability of Services; Coordination of Services and Transitions; Stigma; and Youth issues. Outlined below are the issues that were voiced in each area:

- Access to/Availability of Services - Concerns around a lack of services for various populations including the following: Individuals recovering from a crisis situation; Medi-Cal Clients, Homeless/unstably housed, individuals in middle income group who make too much money to qualify for Medi-Cal, but not enough to pay for a private Mental Health provider; African Americans; Bilingual individuals; undocumented individuals; Clients who reside in Albany; Children who have experienced trauma; Individuals with less severe Mental Health issues.
- Coordination of Services and Transitions - Concerns included: What occurs when transitioning from inpatient to outpatient services; lack of coordination/sharing between electronic health systems; providers may not have knowledge about resources client is/is not connected to; need for more targeted/organized coordination between Disability, Criminal Justice, Peers/Consumers; community health workers; employment and job services; different geographical areas; Public Health; Housing and the Hub, Mental Health organizations, etc.
- Stigma - Concerns around cultural stigma related to seeking out Mental Health services.
- Youth - Concerns included: Youth with mental health issues who are much more likely to go to the juvenile justice system (and not get their MH issues addressed); Youth aren't always able to recognize that some of their feelings or symptoms could be related to Mental Health; Youth in constant crisis have unique Mental Health needs; Youth who are self-medicating with drugs/alcohol.

During the planning process, some of the solutions that were proposed by community stakeholders to address the stated issues were to: Implement peer support and peer navigation systems; provide a phone number individuals could call for navigation support, such as a resource line; provide ongoing navigation support; create a city-wide resource guide; create a network for providers where services could be coordinated for clients seen by multiple agencies; provide services that support positive mental health in innovative ways (not just talk or pharma therapy); provide better coordination among youth mental health providers; provide more support for youth around identifying symptoms and how/where to access resources; reach out to youth in other ways, such as technology.

While new projects and solutions to address some of the areas of concern have since been implemented, or are currently underway (such as the creation of the Transitional Outreach Team and producing an updated Resource Guide), many of the expressed issues of unmet mental health service needs remain in Berkeley and Albany.

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. Private industry technology-based services have previously been utilized with universities and public health institutions. However, a project that is implemented through multiple counties, which utilizes technology-based services and supports to increase access and linkage, has never-before been tested.

PROPOSED PROJECT

Berkeley Mental Health is proposing to join with multiple county partners to implement a collaborative suite of technology-based mental health services and solutions (mobile and computer applications – Apps) that can be accessed by community members on an at-will, voluntary basis. The Apps will collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Public users and clients choosing to utilize the Apps will be able to access services through devices like computers, tablets and smartphones. The project will identify those in need of mental health care services through active online engagement, and automated screening and assessment. Services will be focused on prevention, early intervention, and family and social supports intended to decrease the need for psychiatric hospital and emergency care.

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.

The goals of the project include:

1. Utilization of technology-based behavioral health solutions which engage, educate and provide intervention to individuals experiencing symptoms of mental illness. Services will include:
 - Virtual peer chatting with trained and certified peers with lived experience.
 - Virtual support communities for populations including those experiencing behavioral health-related symptoms and family members of those with mental illness.
 - Virtual chat options for parents of children and adults receiving behavioral health care.
 - Virtual evidence-based interventions delivered via an avatar including mindfulness exercises and Cognitive Behavioral therapy and Dialectical Behavior Therapy (DBT) skills delivered simply.
 - Access to a directory of public mental health services
 - Referral process for those requiring additional services.
2. Use passive sensory data to engage, educate and suggest behavioral health activation strategies to users, including:
 - 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 (passive data) and interacts with the user through a pop-up chat function which allows for increased user understanding of thought and feeling states.
 - Web-based analytics then inform targeted communications and recommend interventions.
 - 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:
 - Engaging schools systems, including colleges and universities, to promote use of services and supports
 - Utilizing social media, public website and other media to promote use of technology-based services
 - Working with mental health organizations, including the local National Alliance for Mental Illness (NAMI), peer-based community learning centers and local support groups to promote use of technology-based services
 - Collaborate with those providing services to older adults at risk for social isolation, including working with senior apartment complexes, senior centers, and faith-based organizations who outreach to seniors
 - Work with local public locations, including agencies, libraries and other resources to promote technology-based service use.

4. Develop method and conduct outcome evaluation of all elements of the project, including:
- Increased wellbeing of those utilizing services.
 - Reduced duration of untreated/undertreated mental illness.
 - Increase in the ability for users to identify cognitive, emotional and behavioral changes and actively address them.
 - Increased quality of life, measured objectively and subjectively by both the user and by indicators such as activity level, employment, school involvement, etc.

If granted approval of the INN Technology Suite Project Berkeley Mental Health will convene an Advisory Committee of community stakeholders, consumers and family members who will provide recommendations on various aspects of the project including any additional Apps that would be appropriate to address current and emerging mental health needs.

INNOVATIVE COMPONENT

The project introduces a new approach to the overall mental health system including, but not limited to, prevention and early intervention. Technology-based mental health services and supports will be implemented through this project to engage populations not previously accessed through outreach and education efforts. Through the use of technology as a means of reaching and engaging those with mental illness, the City of Berkeley and its partners intend to provide access for unserved and underserved populations.

LEARNING GOALS/PROJECT AIMS

The primary learning goals of the Berkeley Technology Suite Project are to assess:

- Whether having an accessible mobile/computer App of resources increases access to mental health services to various populations that are not currently served at Berkeley Mental Health
- Whether providing an App that would assist individuals in recognizing signs and symptoms of mental health concerns, would promote better outcomes.
- Whether technology-based services would increase the coordination of accessible information of area mental health resources;
- Whether technology-based services would provide better coordination of care for clients who are accessing multiple social services, promoting community collaboration and better mental health outcomes
- Whether the utilization of technology-based services would reduce stigma around accessing mental health services;
- Whether the provision of technology-based services would increase access and promote better mental health outcomes for transition age youth.
- Whether various populations find the technology Apps to be helpful in promoting better mental health outcomes and access to services.

Additional learning goals will assess:

- Whether those at risk of or experiencing mental symptoms of mental illness use peer chatting accessed through technological platforms.
- Whether those accessing technology-based supports and services including virtual peer chat will engage in manualized therapeutic interventions.
- Whether virtual chatting and peer-based interventions will result in greater social connectedness, reduction of symptoms related to mental illness and increase well-being.
- Which virtual-based strategies are most helpful in compelling individuals to feel willing and capable of seeking necessary behavioral health care or services.
- Whether passive data collected from smart phones or other mobile devices can accurately detect changes in mental health status and prompt behavioral change effectively.
- How digital data informs the need for mental health interventions and coordination of care.
- Determine effective strategies to reduce the duration of untreated mental illness.

- Whether online social engagement is successful in mitigating the severity of mental health symptoms.
- Determining the most effective strategies and approaches in promoting virtual care and support for the most appropriate populations.

EVALUATION OR LEARNING PLAN

The 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.

Outcomes to be collected:

- Determination of whether users experience increased purpose, belonging and social connectedness
- Reduction of duration of untreated or undertreated mental illness and increase in timely access to mental health care for unserved and underserved populations
- Whether users experience increase in the ability to identify cognitive, emotional and behavioral changes and actively address them
- 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

The California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA), will serve as the fiscal intermediary for mental health jurisdictions who are participating in the Technology Suite Project. In this collaborative approach, CalMHSA will contract directly with technology vendors, support the shared evaluation, and maximize outreach and marketing. Berkeley Mental Health will reassign a portion of the proposed Berkeley Technology Suite Project funds to CalMHSA who will oversee and administer contracts with the chosen Technology Vendors for the mental health services and supports Apps, and the engagement and evaluation components of the project. Berkeley Mental Health will work closely with CalMHSA to ensure the quality, execution and monitoring of services purchased from the chosen vendors.

A portion of the proposed Berkeley Technology Suite Project funds may also be allocated to contract locally for a Project Manager who would oversee the implementation of the Berkeley Technology Suite Project. If Project Management services are contracted out, a Berkeley Mental Health staff would be assigned to monitor all aspects of the project to ensure the implementation and quality of the services purchased from the chosen contractor.

CERTIFICATIONS

1. City Council approval will be sought on June 26, 2018
2. MHSA Certification Document – Will be completed on final approval of City Council.
3. MHSA Fiscal Accountability Document – Will be completed on final approval of City Council.

COMMUNITY PROGRAM PLANNING

In Fiscal Year 2017 (FY17) Berkeley Mental Health hired an outside consultant, Applied Survey Research, to conduct the State required MHSA Community Program Planning (CPP) process to obtain input on local mental health needs that could potentially be addressed through INN funds. Over a five-month period community input meetings, key informant interviews, focus groups and MHSA Advisory Committee meetings were held to obtain input from MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from un-served,

underserved and inappropriately served populations; City Commissioners, Berkeley Mental Health staff, and other MHSA Stakeholders. The areas of local mental health needs that emerged from this process included: Access to and Availability of Services; Crisis Response; Coordination of Services and Transitions; Lack of Evaluation; Stigma of Mental Illness; and Youth/Transition Age Youth (TAY) mental health needs.

Development of the proposed INN Plan included both an examination of the areas of need that emerged out of the FY17 planning process and the amount of INN funding that needed to be expended by a given timeline. Following an internal review, various potential program ideas were vetted through the State Mental Health Services Oversight Accountability Commission (MHSOAC) and the local MHSA Advisory Committee before proposing to join the multi-county collaborative Technology Suite Project.

Some of the multiple areas of need repeatedly voiced in the FY17 planning process that Berkeley Mental Health is proposing to address through the multi-county collaborative INN Technology Suite Project are Access to and Availability of Services; Coordination of Services and Transitions; Stigma of Mental Illness; and Youth/Transition Age Youth (TAY) mental health needs.

In FY18 three MHSA Advisory Committee meetings and three Community Input Meetings were held to obtain input on the proposed use of INN funds to join the multi-county collaborative Technology Suite Project. Additionally, presentations were held on the proposed project at meetings of the Berkeley Pool of Consumer Champions, and the Mental Health Commission. Community input on this project has been overwhelmingly favorable. Some of the comments received were as follows: this would be a great project to support youth, Transition Age Youth and other underserved populations; how this would be a good service for individuals with insomnia and a good pairing of how mental health peers with insomnia could participate and help others; how having an App with City Resources would be very helpful. Some of the Community stakeholder questions included: Concerns around user information and identity protections; inquiries regarding how trained paid peers in the Peer Chat App are monitored and what training they have received; how community members without iPhones or computers would access the Apps; how the Division would ensure that Technology services Berkeley purchases would only be accessible by Berkeley and Albany residents; inquiries as to whether the technologies would still be available to Berkeley/Albany residents when they were traveling out of the local area; what protections would be in place for children and youth who obtain access to the App to only see age appropriate services and supports; whether the Apps would be available in different languages. If this project is approved, stakeholder concerns will be addressed during project implementation.

A 30-Day Public Review was held from Tuesday, April 24 through Wednesday, May 23, 2018 to invite input on the MHSA Draft INN Plan. A copy of the Draft Plan was posted on the BMH MHSA website and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing at the Mental Health Commission was held on Thursday, May 24, 2018 at 7:00pm at the North Berkeley Senior Center. Following the Public Hearing at the May 24 meeting, the Mental Health Commission passed the following motion: M/S/C (Marasovic, Kealoha-Blake) Approve the MHSA Innovations Technology Suite Project as submitted. Ayes: Castro, cheema, Davila, Fine, Heda, Kealoha-Blake, Ludke, Marasovic, Posey. Noes: None; Abstentions: None; Absent: Ortiz.

PRIMARY PURPOSE

The primary purpose of the Berkeley INN Technology Suite Project is to increase access to mental health services to unserved and underserved groups; and to increase the quality of mental health services, including better outcomes.

MHSA INNOVATIVE PROJECT CATEGORY

The proposed INN Technology Suite Project introduces a new mental health practice or approach.

POPULATION

The mental health Apps would be available to anyone in Berkeley/Albany who is interested in accessing the technology-based services and supports. While the services will be available to all, an example of particular populations who may choose to utilize the Apps for various levels of supports are as follows:

- Youth and Transition Age Youth
- Individuals who aren't able to access services at Berkeley Mental Health
- 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 frequency 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

This project will seek to work with organizations serving children, youth, transitional aged youth, adults older adults, and those serving unserved, underserved and inappropriately served populations (Asian Pacific Islanders, Latinos, LGBTQ individuals, and African Americans) who would benefit from technology-based mental health services and supports. This would include, but not be limited to community centers providing social activities, 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

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

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

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

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 experience mental illness or family members of children or adults with mental illness.

6. Integrated Service Experience for Clients and Families

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.

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 to Berkeley Mental 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, continued communication by participating partners regarding data and outcomes will continue throughout the duration of the three-year project. Through this collaboration, an opportunity for shared learning will continue as well as development of best practices in utilizing the technology suite. Berkeley Mental Health will provide stakeholders throughout the County with regularly updated reports of outcomes during stakeholder presentations and through the MHSAs Three-Year Plan and Annual Update Reports.

Berkeley Mental Health will also participate in cross-county learning opportunities supported by the Mental Health Services and Oversight Accountability Commission (MHSOAC). It is further anticipated that Berkeley Mental Health will have 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 and other funds could be used to extend this project.

COMMUNICATION AND DISSEMINATION PLAN

Berkeley Mental Health, as part of a multi-county effort, will regularly share learning that occurs internally within the local jurisdiction and externally throughout California. Berkeley Mental Health will also participate in cross-county learning opportunities supported by the MHSOAC or its partner organizations. Impact, reach, implementation status and outcomes will be documented in MHSAs Annual Updates and Three Year Program and Expenditure Plans and will be shared widely with local community stakeholders. Additionally, Berkeley Mental Health and its partner counties will seek to present the project and its outcomes throughout the project at statewide conferences, and other relevant conferences.

TIMELINE FOR PROJECT IMPLEMENTATION

The timeline of the project is June 2018-June 2021. The projected timeline for deliverables is outlined below, however, due to the innovative nature of this project and the multi-county collaboration, actual implementation steps may deviate in terms of sequence and/or timeframes:

PROPOSED DATE	DELIVERABLES
June 2018	Upon approval, reassign a portion of project funds to CalMHSA.
July 2018	Convene Berkeley Technology Advisory Committee comprised clients, family members, Transition Age Youth, City of Berkeley IT staff and other stakeholders who will provide feedback on implementation and guide use and scaling of the project, as well as shaping the 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 Berkeley Mental Health system of care.
August 2018	Identify data to be collected and reported on, including developing a reporting framework.
August - September 2018	Launch of virtual services and local marketing of services
October 2018 – June 2021	Continue project; evaluate and report out on outcomes.

BERKELEY TECHNOLOGY SUITE BUDGET

Berkeley will allocate a total of \$462,916 in Innovation funds to this multi-county collaborative project over a period of three years. Of the \$462,916 budget, \$185,949 will be allocated from FY15/16 Innovation funds and the remainder \$276,967 will be allocated from FY16/17 funds. Funds will be expended as follows

Budget Line Item	Year 1	Year 2	Year 3	Total
Local Costs: Project Coordinator (internal staff or Consultant); Administrative personnel/non-personnel costs.	\$50,000	\$20,000	\$20,000	\$90,000
Stipends	\$3,600	\$3,600	\$3,600	\$10,800
CalMHSA Administrative Cost	\$18,146			\$18,146
Technology Suite Development and implementation Costs	\$203,792	\$70,089	\$70,089	\$343,970
Total Budget	\$281,938	\$100,489	\$80,489	\$462,916

BUDGET NARRATIVE

- **Local Costs:** Includes local staff or a consultant to work with the state to implement and oversee the project, and if contracted staff costs to administer the contract.
- **Stipends:** For peers, consumers, family members and individuals from unserved, underserved and inappropriately served populations who will serve on the Berkeley Technology Advisory Group.
- **CalMHSA Administrative Cost:** Fee paid to CalMHSA to oversee the multi-county administrative and financial components of the project.
- **Technology Suite Development and implementation Costs:** Includes Technology Development, Product Management, Evaluation, Software Applications and Product expenses and start up and licensing fees.